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ABSTRACT

"Utilization of Skills in the Care of the Parent Child System" (NS 139) is an associate degree nursing course offered at Chattanooga State Technical Community College to provide essential theory and experience in caring for the parent-child system throughout various stages of development. The course syllabus for NS 139 begins with information on class, laboratory, and credit hours; prerequisites; textbooks; week-by-week course content; course objectives; evaluation criteria; and curriculum coding. Next, instructions are provided for class assignments, and information is presented on labor and delivery, nursery, and post partum routines. The remainder of the syllabus presents objectives, textual information, assignments, and questions keyed to the textbook for each of the seven course units. The units focus on: (1) pregnancy and labor; (2) adaptations of the maternal system, parent-infant system, and newborn immediately following childbirth as well as health deviations during labor and pregnancy; (3) assessing the newborn, effects of prematurity, and health deviations associated with the newborn; (4) nutritional requirements of infants and children, procedures for the hospitalization of children, and diseases and accidents during childhood; (5) health deviations of the respiratory subsystem and cystic fibrosis; (6) the effects of congenital defects, the effect of cerebral palsy on the child's state of adaptation, and nursing care of the parent-child system when the child has a developmental health deviation; and (7) failure to thrive and urinary subsystem health deviations in children. A rating instrument for clinical behaviors concludes the syllabus. (EJV)

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UTILIZATION OF SKILLS IN THE CARE OF THE PARENT CHILD SYSTEM (NS 139): COMPETENCY-BASED COURSE SYLLABUS

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JC 850 479

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COURSE SYLLABUS

Utilization of Skills in the Care of the Parent Child System

NS 139

Class Hours: 6
Laboratory Hours: 9

Credit Hours: 9

Course Description:

This course is designed to provide essential theory and experience in caring for the parent-child system throughout various stages of development. The focus at the beginning of the course will be on the maternal-fetal system and adaptations that occur during the antepartal and intrapartal periods. Focus on the parent-child system begins during the postpartal period and continues as effects of later hospitalization on this system are explored. Concepts of growth and development will be applied through the decision making process when caring for the parent-child system in the acute care setting. The practice roles of the Associate Degree Nurse are further developed and expanded through the focus on the care of the parent-child system.

Prerequisite: NS 127 or equivalent;
Proof of adequate rubella titer or immunization

Corequisite: PY 217

Textbook(s):

Jensen, Margaret; Benson, Ralph C.; Bobak, Irene M.; Maternity Care: The Nurse and the Family; 2nd Ed.; St. Louis: C. V. Mosby Co., 1981.

Whaley, Lucille F. and Wong, Donna L.; Essentials of Pediatric Nursing; St. Louis: The C. V. Mosby Co., 1982.

I. Course Content

Week/Unit/Topic

1	March 27	Unit I	A) Adaptation in the Biological Subsystem Associated with Pregnancy
	March 29		B) Adaptations in the Psychological and Sociological Subsystem Associated with Pregnancy
			C) Planning Nursing Care During the Antepartal Period
2	April 01	Unit I	C) Planning Nursing Care During the Antepartal Period — Continued
	April 03		D) Nutritional Requirements of the Antepartal and Lactating Mother
			E) Stressors Related to Pregnancy During Adolescence
	April 05		F) The Process of Normal Labor
			G) Adaptations Associated with the First Stage of Labor
3	April 08	Unit I	H) Adaptations Associated with the Final Stages of Labor
			I) Operative Procedures to Promote the Optimum Steady State of Adaptation of the Mother and Newborn
	April 10	TEST UNIT I	
	April 12	Unit II	A) Adaptation of the Maternal System during Puerperium
			B) Adaptation of the Parent-Infant System
4	April 15	Unit II	C) Adaptation of the Newborn to the Extrauterine Environment
	April 17		D) Health Deviations Associated with Labor: Dystocia
	April 19		E) The Effects of Health Deviations During Pregnancy: Diabetes and Heart Disease
5	April 22	Unit II	F) Health Deviations During Pregnancy: Hemorrhagic Disorders
	April 24		G) Health Deviations During Pregnancy: Preeclampsia-Eclampsia
	April 26	TEST UNIT II	
		Unit III	A) Assessing the Respiratory System of the Newborn
			B) The Effects of Prematurity on the Biological Subsystems of the Newborn

I. Course Content - continued

Week/Unit/Topic			
6	April 29	Unit III	B) The Effects of Prematurity on the Biological Subsystems of the Newborn - continued
			C) Health Deviations Associated with the Newborn: Erythroblastosis Fetalis
	May 01		D) Fetal and Adult Circulation
			E) Health Deviations Associated with the Newborn: Congenital Heart Defects
	May 03	Unit IV	A) Nutritional Requirements of Infants and Children
			B) Admission and Orientation of the Child to the Hospital Environment
7	May 06	Unit IV	B) Admission and Orientation of the Child to the Hospital Environment - continued
			C) Preparing the Child for Procedures Associated with Hospitalization
	May 08		
	May 10		D) Health Deviations Caused by Communicable Diseases during Childhood
			E) Prevention of Accidents during Childhood
8	May 13	TEST UNIT III & IV	
	May 15	Unit V	A) Health Deviations of the Respiratory Subsystem: Acute Infections
			B) Health Deviations of the Respiratory Subsystem: Allergic Manifestations
	May 17		C) The Effects of Cystic Fibrosis on the Child's State of Adaptation
9	May 20	Unit VI	A) The Effects of a Congenital Defect on the Parent-Child System: Cleft Lip/Cleft Palate
	May 22		B) Health Deviations Resulting from Congenital Cord Defects
	May 24		C) Cerebral Palsy and Its Effects on the Child's State of Adaptation

I. Course Content - continued

Week/Unit/Topic

10	May 27	Unit VI D) Nursing Care of the Parent-Child System when the Child has a Developmental Health Deviation
	May 29	TEST UNITS V, VI
	May 31	Unit VII A) Failure to Thrive: Causes Related to Psychological and Sociological Subsystems B) Failure to Thrive: Causes Related to Biological Subsystems C) Health Deviations During Childhood Associated with the Urinary Subsystem
11	June 03	TEST COMPREHENSIVE FINAL
	June 05	NLN TEST

II. Course Objectives

Upon completion of this course, the student will be able to:

1	18) Apply the five phases of the decision-making process in the delivery of nursing care for holistic man focusing on planning.
1,2,3, 4,5	19) Utilize the practice roles of the Associate Degree Nurse while managing the care of the parent-child system during various developmental stages.
2	20) Employ the communication process while providing care for the parent-child system adapting skills as required by their developmental stage.
3	21) Utilize the teaching learning process to facilitate adaptation of the maternal-fetal and parent-child system.
1	22) Discuss normal adaptations occuring in maternal subsystems related to pregnancy, labor and delivery and the postpartal period.
1	23) Discuss the effects of pregnancy and childbirth on the family suprasystem.
1	24) Describe adaptations of strategies utilized when deviations associated with pregnancy occur.
1	25) Recognize behaviors indicative of normal growth and development during observations of children.
1,4	26) Describe the importance of the family supra-system in the care of the hospitalized child.
1	27) Discuss health deviations occurring during the developmental stages of birth through adolescence and their implications for nursing care.

III. Evaluation Criteria

A. Examinations: 4 covering specified units (objective/discussion)
1 comprehensive final (objective/discussion)
5 "Pop" quizzes

An academic average of 70% on the nursing examinations in each course is required for progression.

B. Clinical Laboratory:

A student must receive a "safe" evaluation in the clinical setting for progression. An "unsafe" evaluation will result in the student not being able to progress regardless of the academic average.

C. Field Work:

Each student is required to complete the following:

a) Observation record of infants and children at different stages of development (Criteria included.).
b) Three (3) care plans. One care plan from each of the following areas: Labor and Delivery; Postpartum/Newborn Nursery. Standardized care plans may be used (These are included.) However, these must be individualized. The third care plan will be done on the care of a hospitalized child.
c) One 750 word paper on a selected topic

D. Other Evaluation Methods:

NLN Comprehensive Examination

E.

"Pop" Quizzes	5%
Average of Unit Examinations	50%
Final Examination	20%
Field Work: a) Observation Record	5%
b) Care Plans	10%
c) Paper	10%
Final Grade	100%

F. Grading Scale:

90% - 100% = A
80% - 89% = B
70% - 79% = C
65% - 69% = D
65% or below = F

7-03-84

LEGEND FOR CURRICULUM CODING

I. Content threads are coded superiorly while Process threads are coded inferiorly.

Content Threads	Process Threads
○ Adaptation	▲ Teaching-Learning
⌓ Safety	■ Communication
△ Growth and Development	● Nursing
═ Nutrition	▲ Management
▱ Pharmacology	
☆ Subsystems	
□ Pathophysiology	

II. Course Competencies are referenced back to program goals as evidenced by numbers in the left margin.

Unit and Weekly Objectives are referenced back to Cumulative Course Competencies as evidenced by numbers in the left margin.

DEVELOPMENTAL OBSERVATION RECORD

1) You will be required to do three (3) thirty minute observations. Select one child in each of the following age groups:

   a) birth to 12 months
   b) 12 months to 35 months
   c) 3, 4, 5 yr old

2) Observations may be done at the Child Development Centers here on campus. Appointments should be made in advance at both centers.

   a) The Infant/Toddler Center is located in the Technical Building. Naptime is approximately 12 noon - 3:00 p.m. so schedule times accordingly.
   b) The center for 3, 4, and 5 year olds is also in the Technical Building. Appointments to observe these children should be made with Mrs. Judith Scott. Naptime is approximately 1:00 p.m. to 3:00 p.m. so avoid these times. Observation of the children on the playground is acceptable!

3) Within each age range, select a child to observe.

4) Prior to observation determine the growth and development norms for the child's age. Record the norms above and below this age group also. With these norms in mind, conduct your observation. Record behaviors indicative of these norms (including those in the step above and below).

   Record in this fashion: Student Name:_____

   Child's Age:_____ Date of observation:_____

   Time of observation:_____

Norms for Age (Include Erickson's developmental stages) (copied from peds book) May be Zeroxed	Behaviors Observed

5) Upon completing the observation, write one or two paragraphs discussing the significance of these behaviors (or norms) and implications of these behaviors for nursing care when the child is hospitalized.

6) If you would like to do your assessments on a child not in the centers here (not your own child), this is acceptable after approval by Marilyn Brady.

7) This is due 5/03/85.

7-03-84

GUIDE FOR PREPARATION AND EVALUATION OF PAPER

Points Possible	Points Attained	
5	_____	1. Introduce and define the preapproved topic. Suggested listing will be posted.
70	_____	2. Body——Include pathophysiology, nursing care, signs and symptoms, those at risk, current research, medical treatment.
10	_____	3. Conclude and summarize.
10	_____	8. Adhere to a logical format, correct grammatical construction, and clarity of presentations, correct spelling. (Guidelines follow.)
5	_____	9. Utilize appropriate and timely references. A minimum of five (5) are required.

7-03-84

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Department

LABOR & DELIVERY ROUTINE

Go to lounge and change in scrubs at 2:00 p.m.——scrubs will be laid out. Then go to scrub sinks and do a five minute surgical scrub——procedure on page 123 of your skills book (Include arms up to elbows.) Then come to desk for patient assignments.

Be prepared to do:

preps, enemas, IV's, placing on external monitors, V/S, medications, assisting with VE, placing internal monitors, epidurals, and charting.

In delivery be prepared to do:

transfers to delivery table, placing in stirrups, perineal prep, noting time of delivery, type of episiotomy, placental delivery time, Apgar scores, drying of infant, assessment of infant's condition, weighing, identification of infant and mother; chart on L&D record, newborn ID form, and newborn record.

In recovery room be prepared to do:

V/S q 15 min x 1 hr, fundal checks for firmness and location, type and amount of lochia, condition of perineum, bladder distention——be prepared to relieve, chart on RR record.

Transfer to floor be prepared to:

give report on patient's condition——including name, physician, EDC, time of delivery, type of delivery, episiotomy/abdominal incision, type of anesthesia, medication received in labor and/or RR, sex of infant and weight, type of feeding, IV fluids, fundal condition, lochia and perineum condition, bladder condition, Rh factor, any other pertinent information.

When admitting a patient to L&D:

introduce yourself, have undress completely and put on hospital gown, obtain U/A for protein, have bed turned down & blue pad in place. Obtain V/S and FHT's, assess ctx's——frequency and duration, vaginal discharge/bleeding, mental state. Ask for prenatal record, place on external monitors, have nurse or physician perform VE.

Chart——fill out consent to operate, start L&D nurse's notes, parts of newborn ID form, newborn record, L&D record, OB history and physical exam, blood permit, graphic sheet.

4-04-84

Progress of Labor

Date Hour	T.	P.	R.	B.P.	R/V Exam.	Cervix Eff: Dil.	Memb.	Fetal Heart	Contractions	Urine Am't. Cath. Void	Medication—Fluid Intake	Examined by
4/7 2130	98	92	20	130/86	VE	2cm 80%	I	144 RLQ	2-3 30-45" mod	60 neg	Admitted 2340 w/ GBT Para 0 Rh+, blood type AB NKA to LR #3 via w/c. Dr X notified Orders received based on ext. monitors.	
2330								140-150	2-3 85 mod		Mini-perineal prep & SSE given & good results - amb. x 20 min.	
3 0400					VE	3cm 100%	B	146			Back on ext. monitors 1000cc. D5RL started in (L) forearm with #18 g. catheter @ 125cc hr. 10% bearing well & Ctx's, husband at bedside —— S. Nurse RN.	

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Department

NURSERY ROUTINE

Report to lounge at 2:00 p.m.——change into scrubs. Go to nursery and perform five minute scrub. Then help bed down infants from 2:00 p.m. feeding——i.e. clean diaper, dry T-shirt, dry blankets, offer more formula and/or H2O, try to burp. ALWAYS place on stomach to sleep.

2:45 p.m.——Listen to report with 3-11 shift.
Take V/S on babies and record——making notation of color, eyes and cord condition, and any other pertinent observations.
Get ready for 5 pm feeding——turn over, dry diaper, roll in blanket and place on side with a blanket prop, place burp cloth, hand wipe and softnet if breast feeding, formula or D5W. Place BULB SYRINGE at HOB.
When take to mother——ask to see ID band and have her read off numbers and compare to baby's.

Be prepared to instruct mother on breast or bottle feeding techniques.

Pick baby's back up between 6:00 and 6:30 p.m. and bed down to show during visiting hours. Then repeat again for 9:00 p.m. feeding.

Chart any vdings, stools and how well nursed or amt of formula taken.

Transisition Nursery:
Admit to isolette, check ID c L&D nurse, obtain V/S and measurements, perform eye care and give vit. K, place on monitors as needed, perform head-to-toe physical, attach to temp. probe; obtain v/s q 1 hr x 4——if temp 97.6°F A——give admission bath and shampoo, place in T-shirt and diaper, monitor for two more hours——T. stable move to open crib.
Lab work——Hct. and D-stix at 4 hrs of age.
Ballard gestational age performed at 4 hrs. of age.

When admitting fill out:
Newborn record, newborn ID record, crib cards, Kardex, nursery nurse's notes.

Stools
M—meconium
Y—yellow
S—brown
G—green

Cord
M—moist
D—dry
Drying

Eyes
CL—clear
S—swollen
I—infection

D	Temp. Pulse Resp.	Wt.		A.M. 12				P.M.					Stool No.	Vo.	Skin	Cord	Eyes	Dr. Visit	Remarks and Medications	Nurse's Initials
4/6	97.4-150-36	7-3	BREAST									11-7								
			FORMULA									7-3								
			WATER									3-11								
			BREAST									11-7								
			FORMULA									7-3								
			WATER									3-11								
			BREAST									11-7								
			FORMULA									7-3								
			WATER									3-11								
			BREAST									11-7								
			FORMULA									7-3								
			WATER									3-11								
			BREAST									11-7								
			FORMULA									7-3								
			WATER									3-11								
			BREAST									11-7								
			FORMULA									7-3								
			WATER									3-11								
			BREAST									11-7								
			FORMULA									7-3								
			WATER									3-11								
			BREAST									11-7								
			FORMULA									7-3								
			WATER									3-11								

CIRCUMCISION: DONE BY: DATE:

Date	4-6-84	Date	
5:32 pm	Adm. white female 40 isolette from LED via M. Nurse 2W p SVD under rapid anesthesia, born at 5:07 pm EDC 4-10-84. Awake alert good cry. Fontanelles soft sutures overlapping. Eyes clear, good suck reflex. Hard palate intact. Skin pink with minimal vernix. Acrocyanosis of hands & feet. Breasts BBS clear & equal. Abd. soft, cord noise & 3 v's, femoral pulses present, spine straight, bowel sounds present & good. Hips negative. Wt R. given in (L) thigh. Oxygen 40		Baby seen by Pediatrician & notified of Admission ——— S. Nurse RN.

ADDRESSOGRAPH

EAST RIDGE COMMUNITY HOSPITAL
NURSERY NURSES' NOTES

ERCH-106-1

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CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Department

POST PARTUM ROUTINE

Report to floor at 2:00 p.m.---in uniform.
Assignments will be posted---use 2:00 - 2:30 p.m. to do P.P. work sheet.
2:30 - 2:45 p.m.: conference to discuss your plan of care.
3:00 - 11:00 p.m.: take care of patients---including routine medications.

Post Partum Assessment to include:
mental state
condition of breast and nipples
location of fundus, type of lochia and amount
condition of episiotomy/abdominal incision
state of bowels/bladder
Homan's sign

Other things to chart:
IV's, medications (prn), treatments, teaching performed, reactions to infant

Setting up a room:
turn bed down, place in high position, turn light on, place call bell at bedside, place blue pad on bed, place I.V. pole at FOB, have ice and water in water pitcher if not a C/S---place peri-care box with betadine in peri-wash bottle and hot and cold packs in bathroom.

Supplies needed from cart:
peri-box, pkg. of blue pads, admission kit, hot and cold packs

Peri care routine:
after voiding (Measure 1st-4 times and chart.), rinse with Betadine (plain H_2O, if allergic), pat front to back with softnet, use anesthetic spray or ointment, place clean pad in belt ⊠ touching inside of pad. Use cold packs immediately after delivery---hot packs TID starting 1st PPD.

Admission to floor:
Place in bed, take complete V/S, check fundus for location and firmness, check amount and type of lochia, note bladder distention, note IV---type, rate, amount LTC, orient to room and hospital procedures: i.e. meals, visiting hours, feeding times, use of phone, etc.

Continue to check P, R, and B/P, fundus and lochia q 30 min x 2 hr., then as needed. If a C/S---P, R, B/P q 15 min x 1 hr and then q 30 min x 2 hr, and then q 4 hr x 24 hr.

Educational needs:
infant feeding, breast care, peri-care, incisional care, activities, contraception, infant care and safety, etc.

If admitting a C/S for next day:
fill out consent for surgery, parts of surgical check list, part of newborn identification sheet, newborn record, labor and delivery record, OB history and physical exam, blood permit, TPR graphic sheet, nurse's notes.

4-04-84

BLACK—7-3
GREEN—3-11
RED—11-7
ASTERISK—"SEE NURSES NOTES"

EAST RIDGE COMMUNITY HOSPITAL
NURSES NOTES

DATE: 4-6-84

STANDARD I—SKIN CARE

CREAMS-LOTIONS (IDENTIFY)	BATH	P.M.	A.M.
	SHOWER		
	TUB		
	PARTIAL		
	COMPLETE		

TIME	BY WHOM GIVEN:
PERI-CARE	
CATH-CARE	

SKIN OBSERVATIONS

W/D ✓	ASHEN	ALERT ✓	PATIENT TEACHING:
C/C	CYANOTIC	DROWSY	Breast care
W/M	DIAPHORETIC	CONFUSED	
HOT	POOR TURGOR	SEMI-COMATOSE	
FLUSHED	OTHER	COMATOSE	PATIENT RESPONSE:
PALE		CHEERFUL	
		DEPRESSED	

STANDARD II—NUTRITION-HYDRATION

MEALS	FRACTION TAKEN—COMMENT
BKFST	
LUNCH	
SUPPER	Reg - well
SPECIAL	

	7-3	11-7	3-11
FORCE FLDS.			
INTERVAL FEEDING			
I.V. THERAPY			
TUBING CHGD.			
DRESSING CHGD.			

STANDARD III—ACTIVITY LEVEL-TOLERANCE

BEDREST	CHAIR	GOOD
BR & BNP	W/C	FAIR
BSC	AMB.	POOR
DANGLE	AD LIB. ✓	REFUSED
TURNING q	HRS.	

	11-7	7-3	3-11
FREQUENCY			
TIMES			

STANDARD IV—ELIMINATION

URINATION	STOOL
CLEAR ✓	BROWN
YELLOW	BLACK
CLOUDY	OTHER
AMBER	FORMED
BLOODY	LIQUID
CATHETER	CONSTIP.

STANDARD V—COMFORT*

	7-3	3-11	11-7
N/V			
DIZZINESS			
WEAKNESS			
DYSPNEA			
PAIN			
FEVER/CHILLS			

STANDARD VI—ENVIRONMENT

		UP	DOWN
BEDBOARD			
TRACTION	BED RAILS		
(TYPE)	BED POSITION		
TYPE MATTRESS			
SHEEPSKIN			
HEEL GUARDS	ISOLATION (TYPE)		
ELBOW GUARDS			
K-PADS			

ANTI-EMB	7-3	3-11	11-7
CHANGED			

DOCTOR VISITED	DATE/TIME	NAME	SIGNATURE

ADDRESSOGRAPH

DATE	TIME	MEDICATIONS	NURSES NOTES
4/6	1730	T 98°	Admitted @ 1730 4/6 w/ Gtt ÷ Pitoc ÷ 40 1M via Stryker bed from L&D RR ☐ Sub Q female infant under Spid. Anesthesia. Awake Alert fundus firm @ 4/6 mod. Present Foley tube ins to perineum. I.V. ÷ RL ☐ 20 units Pit. infusing ☐ 300 LTC. Oriented to hsp, SR + 20. fluids encouraged. S. Nurse RN.
		P-84	
		R-20	
		BP 120/84	
4/6	2200	T 99.2	Talking ☐ family - no CO. Breast filling. Nipples sore - care cont. fundus firm @ 4/6 midline mod. Foley tube ins. Lochia rubra, clots. Voids clear straw in vol. ☐ difficulty - no BM yet Hemam's SR reg. P.O. fluids encouraged S. Nurse RN.
		P-80	
		R-16	
		BP 116/82	

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CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Department

LABOR AND DELIVERY WORK SHEET

Patient's Initials _____ Physician _____

Age _____

Gr _____ Para _____ EDC _____

Stage of labor when care started _____

Nursing strategies utilized with this patient:
Include procedures you performed and strategies you utilized or could have utilized.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

4-04-84

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Department

NURSERY WORK SHEET

Patient's Initials _____ Pediatrician _____

DOB _____ Time _____ Type of Birth_____ Apgar _____

Length of Labor _____ Medications _____

Age_____ Wt: del. _____, today's _____ length _____

Type of feeding _____

Educational needs of mother _____

_____

_____

Gestational age _____

Vital signs _____

Condition of: eyes _____ cord _____ color_____

4-04-84

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Department

POST PARTUM WORK SHEET

Patient's Initials _____ Physician _____
Room Number _____ Pediatrican _____
Age _____ Post Partum Day _____
Gr _____ Para _____ Diet _____ Allergies _____
Date of Delivery _____ Time _____ Tubal _____
Type of Delivery _____ Episiotomy _____
Rh _____ Anesthesia _____
Activities _____ V/S _____
Medications: (Routine & PRN)

_____
_____
_____

Treatments:

_____
_____

Educational Needs:

_____
_____

Plan of Care:

_____
_____

4-04-84

NS 139 UTILIZATION OF SKILLS IN THE CARE OF THE PARENT CHILD SYSTEM

UNIT I.

A.) Adaptation in the Biological Subsystems Associated with Pregnancy

1		1) Define the terms associated with pregnancy that are on the included sheet.
2,11	★	2) Relate the roles of hormones to the normal menstrual cycle, conception, and fertilization.
		3) Discuss the different factors related to male and female infertility.
11,22		4) Discuss the presumptive, probable, and positive signs of pregnancy.
11,22		5) Describe the anatomical development of the placenta.
3,11,22	△	6) Relate placental development to maturation of the fetus.
3,11	△	7) Describe normal fetal development by month.
11,22	★○	8) Describe anatomical adaptations occurring during pregnancy in the female pelvis and reproductive organs.
11,22	★○	9) Relate the adaptations associated with pregnancy to the physiological changes in the mother's biological subsystems.
19,21		10) Explain the use of ultrasound for determining gestional age.

Audio-Visual: VT 761 Fetal Development

Maternity Care: The Nurse and the Family: Jensen, Benson and and Boback: Chapters 10, 11, page 271, Chapter 7 pp 105-122.

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Division

NS 139

UNIT I

A) Adaptation in the Biological Subsystems Associated with Pregnancy

Placental Development

Between 9th and 25th days of gestation chorionic villi develop.
Chorion - first placental membrane and surrounds the embryo in fingerlike projections, which take on a fine villous appearance. Blood vessels form within the villi to allow interchange between fetus and mother.

Initially villi cover the entire chorionic surface but later become compressed against the decidua vera. Only the villa located beneath the embryo remain, called the chorion frondosum.

No new villi grow after the 12th week of gestation. Remaining branches are called anchoring villi and attach to the maternal decidua.

Placenta Growth

5th month - single layer of syncytium covers the villi.
20th week - no longer grows in diameter and thickness. Covers half of uterine surface.
Late Pregnancy - placental circumference continues to grow.
40th week - placenta is discoid. 15 to 20 cm in diameter. 2.5 to 3 cm in thickness. Weight 400 to 600 grams (one-sixth of fetal weight)

Mature Placenta

Maternal surface - rough and beefy red
Placenta - made up of 15 to 20 lobules called cotyledons (decidual septa formed between anchoring villi)
Fetal surface - shiny and gray because of adherent amnion

Placenta Function

1. Transport mechanism between embryo and mother.
2. Entrance of nutrients to embryo and removal of waste to mother.
3. Serves as a lung, kidney, stomach, intestine and endocrine gland for fetus.
4. Transfer of Vitamins A, B complex, C, E, and K to fetus.
5. Serves as protective barrier against the harmful effects of certain drugs and microorganisms.

Placental Hormones Produced

1. Human chorionic gonadotropin (HCG)
2. Human placental lactogen (HPL), also called human chorionic somatomammotropin (HCS)
3. Progesterone
4. Estrogen

3-26-85

B) Adaptations in the Psychological and Sociological Subsystems Associated with Pregnancy

11, 22	Δ	1) Describe the maternal developmental task to be achieved during each trimester of pregnancy.
11, 23	Δ	2) Describe the five developmental phases experienced by fathers anticipating the birth of a newborn.
11, 22, 24	★	3) Discuss internal and external stressors that affect the maternal psychological and sociological subsystem.
11, 23	o	4) Discuss the impact of pregnancy on the family suprasystem.
11, 19, 24		5) Discuss alternative settings for childbirth and their effect on the family suprasystem.
11, 21, 23	Δ	6) Relate the value of parent education programs to the preparation of the family suprasystem for the birthing and parenting of their child.

Maternity Care: The Nurse and the Family; Jensen, Benson & Boback; Chapters 12, 13; p. 476-481; p. 300-305.

C.) Planning Nursing Care During the Antepartal Period

11,19, 22,23	•	1) Discuss the five practice roles of the Associate Degree Nurse as they relate to the care of the maternal-fetal and parent-infant systems.
11,19, 22	•	2) Describe strategies used to prevent and/or alleviate internal and/or external stressors associated with a normal pregnancy.
10,11, 22	•	3) Distinguish normal adaptations to pregnancy from danger signs requiring immediate intervention.
11,18, 19	•	4) Develop a plan of nursing care for the maternal-fetal system in each trimester of a normal pregnancy.
11,18, 19,24	•	5) Describe methods currently utilized to prohibit premature labor.
11,18, 19,24	•	6) Develop a standard care plan for the mother in premature labor who is receiving Ritodrine.

Maternity Care: The Nurse and the Family; Jensen, Benson & Boback; Chapter 15; p. 548 - 556.

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
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Nursing Division

NS 139 - UNIT I C

Objective 1:
The AD nurse may function within the following roles:

1. Work within settings of antepartal, intrapartal or postpartum
2. Consultant
3. Counselor
4. Teacher
5. Advocate

The AD nurse may not function within the capacity of midwifery, Lamaze instructor, or any advanced teaching/examination techniques without further instruction or education. (This includes care for pelvic examinations on low risk antepartal patients.)

Objective 2:
Strategies:

1. Ongoing prenatal care
   a. diagnosis of pregnancy
   b. continous physical examinations
   c. family and medical history
   d. management of social profile
   e. ongoing assessment (nutrition, exercise, sexual counseling, etc.)
2. Physiologic care
   a. Alert clients to the symptoms that indicate deviations from normal progress and the protocols for reporting them.
   b. Provide clients with pertinent knowledge of the adaptation of the maternal body to a developing fetus as basis for understanding the rationale and necessity for modalities of care.
   c. Provide clients with information and counseling--including those related to nutritional needs, sexual needs, activities of daily living, and discomforts of pregnancy.
3. Physocial care
   a. Encourage family support during pregnancy
   b. Support emotionally by helping to establish an environment
   c. Establish a caring nurse-client relationship
   d. Promote problem solving in coping with stress (working toward effective change)

Objective 3:
Page 326 Table 16-7 Abnormal symptoms
Page 334

Objective 4:
Page 349-350 Summary of nursing actions

Objective 5:
Methods used to prohibit premature labor:
Home management:
1. Bed rest
2. Sedation
3. Sexual activity abstained
4. Oral medication according to strict schedule (Yutopar, Brethine)
5. Outpatient management at least q 1 week

Hospital management:
1. Bed rest
2. Sedation
3. Drug therapy/Tokolytic drugs
   a. Magnesium sulfate
   b. Ritodrine (Yutopar, Premar)
   c. Terbutaline (Brethine)
   d. Isoxsuprine (Vasodilan)
   e. Monitoring maternal and fetal vital signs

D.)Nutritional Requirements of the Antepartal and Lactating Mother

11, 22	1) Relate the adaptations in the biological subsystem that occur during pregnancy to the nutritional requirements of the mother.
11, 22	2) Describe the recommended weight gain associated with the optimum steady state of adaptation during pregnancy.
11, 22	3) Identify the components contributing to maternal weight gain during pregnancy.
11,19, 21, 22	4) List the nutrients and their food sources that should be increased in the daily diet of the mother.
11,18, 19, 24	5) Describe the risk factors which affect the nutritional status of the mother.
11,18, 19, 22	6) Compare antepartal nutritional requirements to nutritional requirements during lactation.

Maternity Care: The Nurse and the Family; Jensen, Benson & Boback; Chapter 14; p. 724-725, 666.

E.) Stressors Related to Pregnancy During Adolescence

2, 11, 22, 24	1) Δ○	Describe stressors which affect the pregnant adolescent's state of adaptation.
2,11, 22	2) Δ	Discuss the developmental tasks of the adolescent and the effect of pregnancy on their achievement.
2,11, 22,23	3) Δ○	Relate the developmental tasks of adolescence to the achievement of the tasks of pregnancy and parenthood.
11,18, 19,21, 22,24	4) ○ ●	Design strategies to promote the pregnant adolescent's state of adaptation during the antepartal, intrapartal and postpartal stages.

Maternity Care: The Nurse and the Family; Jensen, Benson & Boback; Chapter 32.

F.) The Process of Normal Labor

11,19, 22	1) Discuss the five essential factors which affect the process of labor.
11,19, 22	2) Explain the relationship of fetal lie, presentation and attitude to the process of labor.
11,19, 22	3) Examine the significance of fetopelvic measurements in relation to the process of labor.
11,19, 22	4) Relate the character of uterine contractions to the process of cervical dilation and effacement.
11, 22	5) Discuss current theories concerning the initiation of labor.
11, 22	6) Describe the mechanism of labor.
11,19, 22	7) Describe the stages of labor including the duration of each.

Maternity Care: The Nurse and the Family; Jensen, Benson & Boback; Chapter 20.

Audio-Visual: VT 762 Labor

VT 763 Delivery

LABOR AND DELIVERY STUDY GUIDE

Directions: Read Chapters 20, 21, 22, and 23 in Maternity Care by Jensen, Benson, and Bobak. Briefly answer the following questions. (Answers are found on the pages indicated.)

CHAPTER 20

Page

403 1. Define labor.

2. List four essential factors affecting the labor process.

405 3. Define (1) biparietal diameter, and (2) engagement.

406 4. Define lie (include transverse and longitudinal).

406-408 5. Define presentation and each of the following types:

Presentation:

Cephalic:

Breech:

Shoulder:

Sinciput:

Brow:

Chin:

Page

6. Define position.

408+895

What do these abbreviations stand for?

LOA* (most common)

LOP

LOT

ROA

ROP

ROT

OA

OP

LMA

LMP

LSA

SSP

etc

408 7. Why are Leopold maneuvers (abdominal palpation) done?

410 8. Where on the abdomen are FHT heard most intensely in the vertex presentation?

In the breech presentation?

410+425 9. What is assessed when a vaginal examination is done?

10. When is a vag exam contraindicated?

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Page

412 11. Define:

1) Cervical effacement:

2) Dilatation:

413 3) Station:

417 (Table 20-18) 12. Define the following characteristics of contractions and tell how you would measure them:

Frequency:

Duration:

Regularity:

Intensity:

422 13. Briefly define the six phases of the mechanisms of labor.

Engagement:

Descent:

Flexion:

Internal rotation:

Extension:

External rotation:

Page

423

14. Briefly define the four stages of labor:

1st stage:

Ave time primigravida:

Ave time multigravida:

Latent phase:

Active phase:

2nd stage:

Ave time primigravida:

Ave time multigravida:

3rd stage:

4th stage:

426

(Table ~~21-1~~)

15. Compare true labor with false labor in regard to the following:

Show:	True Labor	False Labor
Contractions:		
Cervix:		

425+428

16. What is the purpose of using Nitrazine paper?

What does dark blue indicate?

What does yellow indicate?

Page
431

17. List the two major complications associated with ruptured membranes.
1.

2.

Why is prolapse of the cord dangerous?

What should be done stat after rupture of the membranes?

If prolapse of the cord does occur, what must be done to prevent harm to the fetus?

432

18. Fetal Stress:
Name three ways fetal O_2 supply may be decreased and cause fetal distress.

432
(Table 21-4)

19. What is the normal FHR range?

Define:
Tachycardia:

Bradycardia:

434

Periodic changes:

434+435

20. Fetal well-being during labor is measured by the response of the FHR to uterine contractions. Define briefly the following decelerations and state their etiology.

Early deceleration:

Late deceleration:

Variable deceleration:

Page 434, *Table 21-5

21. State what the treatment is for:

a) mild variable deceleration:

b) Severe variable deceleration:

c) Late deceleration (any magnitude):

437 (Fig. 21-11 + 21-12)

22. What does a tocotransducer measure? Where is it placed on the abdomen?

23. Where is the ultrasound transducer for measuring the FHR placed?

438

24. Describe briefly continuous internal fetal monitoring.

441

25. Read about OCT fetal stress tests. When the pt has three good contractions in ten minutes, the oxytocin is discontinued. FHR and uterine contraction monitoring continues until uterine activity returns to prestimulation levels.

What is a positive OCT test?

A suspicious OCT test?

A netagive OCT test?

Pages
444-448
(Fig. 21-13)

26. Maternal Position During Labor
What causes supine hypotension?

What maternal position decreases or prevents supine hypotension?

27. Why is "focusing" (use of a focal point) helpful in labor?

445

28. Describe the breathing techniques to be used or taught at the following times?

0-3 cm:

4-7 cm:

8-10 cm:

446-447

29. Describe briefly how the following measures help relieve or prevent pain.

Education:

Analgesics:

Amnesics:

Regional anesthesia:

General anesthesia:

Page
447
(Table 21-10)

30. Describe the <u>disadvantages for the neonate</u> of the following drugs:

1) <u>Amnesics</u> - (Alphaprodine - Nisentil):

2) <u>Narcotic analgesics</u> (should not be given when delivery expected in two hrs or less):

Morphine:

Demerol:

3) <u>Sedative - hypnotics</u> - Seconal and Nembutal:

31. Tranquilizers: Phenergan, Sparine, Vistaril, Valium:

450
Table 21-11

32. What <u>nursing actions</u> are related to the use of agents used in <u>regional analgesia</u>? (with use of Xylocaine, Marcaine, etc)

453

33. Describe briefly <u>pudendal block</u>.

455

34. Describe briefly <u>epidural</u> anesthesia.

What are the <u>advantages</u> of an epidural?

The <u>disadvantages</u>?

CHAPTER 22

Page 459

35. Describe the maternal position for bearing down in the second stage of labor.

461 (Fig 21-3 on 462)

36. Describe how to put the legs in stirrups on the delivery table to prevent strained ligaments.

465 (Fig. 22-8)

37. After being cut, the umbilical cord is examined. It should have _____ arteries and _____veins.

466

38. When is the neonate dried? How is he kept warm?

466 Fig. 22-11)

39. Describe what is assessed at the 1 minute and 5 minute Apgar. What points are given for each factor?

CHAPTER 23

Page
473–475
(*Table 23-1)

40. Briefly outline factors to be assessed in the 4th stage of labor. (Include fundus, lochia, perineum, blood pressure, and pulse. State <u>frequency</u> of assessment.)

41. What do you think is the most common life-threatening complication of the 4th stage?

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DRUG CARDS FOR:

Labor & Delivery

Nisentil
Demerol
Morphine
Vistaril
Phenergan
Marcaine
Xylocaine
Nesacaine
Pitocin
Norcan
Atropine
Yutopar (Ritrodrine) (I.V. & po)
Magnesium sulfate (IM & I.V.)
Calcuim Gluconate
Seconal
Phenobarbital (IM)

Nursery

Vitamin K
Silver Nitrate
Ilotycin
Triple Dye

Post Partum

Tylenol plain
Parlodal
Methergine (IM & po)
Tylenol #3
Percodan
Mapergan Forte
Darvon
Metamucil
Docidan
Surfax
Demerol (IM & PO)
Magnesium sulfate
Ritrodrine (Yutopar) (po)
Seconal
Phenobarbital (po)
A & D ointment
Cocoa butter
Empirin with codaine
Phenergan

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Nursing Department

COMMON ABBREVIATIONS SEEN IN OBSTETRICAL NURSING

P	para
G or Gr or grav	gravida
EDC	estimated day of confinement
VE	vaginal exam
OOP	out of pelvis
AROM	artificial rupture of membranes
SROM or R/S	spontaneous rupture of membranes
BOW	bag of water
FSE	fetal scalp electrode
C	complete (dilatation)
Pit	Pitocin
FHR	fetal heart rate
FF	fundus firm
LMP	last menstrual period
mU	milliunits
BSST	breast self-stimulation test
OCT	oxytocin challenge test
FSE	fetal scalp electrode
EDD	expected date of delivery
LNMP	last normal menstrual period
LMP	last menstrual period
NICU	newborn intensive care unit
RDS	respiratory distress syndrome
CPD	cephalopelvic disproportion
NST	nonstress test
lac	lacerations
cm	centimeters 2.5 cm = 1 inch
LOA	left occiput anterior
etc. - see guide	
TXM	type and cross match
CX	cervix
AB	abortion
VIP	voluntary interruption of pregnancy
3/u	3 finger breaths above umbilicus
2/u	2 " " " "
1/u	1 " " " "
u/u	at umbilicus
u/1	3 finger breaths below umbilicus
u/2	2 " " " "
u/3	1 " " " "
VTX	Vertex

ext toco	external tocotransducer
C/S	cesarean section
I	intact BOW's
R	ruptured BOW's
B	bulging BOW's
SGA	small-for-gestational age
AGA	appropriate for gestational age
LGA	large for gestational age
IDM	infant of a diabetic mother
CPAP	continuous positive airway pressure
CPAP	continuous positive airway pressure
PEEP	positive end expiratory pressure
IUFD	intra-uterine fetal demise
DIC	disseminated intravascular coagulation
D & C	dilatation & culettage
IUD	intra-uterine device
PKU	phenyl ketonuria
RLF	retrolental fibroplasia
BPD	bronchopulmonary dysplasia
TORCH organisms	Toxoplasmosis, other, rubella, cytomegalovirus and Herpes simplex
NSD	normal spontaneous delivery
IUGR	intra-uterine growth retardation
MEC	meconium
PDA	patent ductus arteriosus
Pb	phenobarbital
N&V	nausea & vomiting
TF	tight finger dilated
LF	loose finger dilated

G.)Adaptations Associated with the First Stage of Labor

	11,19, 21,22	1) Differentiate between true and false labor.
	11,18, 19,22	2) Relate the adaptations occuring in each of the three phases of first stage labor to the strategies required.
	11,18, 19,22	3) Describe strategies to prevent complications associated with early rupture of the membranes.
	11,19, 22,24	4) Explain the effect of uterine contractions on the fetal heart rate.
	11,19, 22,24	5) Relate the cause of changes in the fetal heart rate pattern to the strategies necessary to restore it to the baseline.
	11	6) Describe fetal monitoring techniques.
NS 121 5	11,19	7) Compare the advantages and disadvantages of analgesics used for pain relief during labor.

Maternity Care: The Nurse and the Family; Jensen, Benson & Boback; chapter 21.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; p. 754-762.

Audio-Visuals: VT 781 The Care of the Newborn: Forces of Labor and Fetal Heart Rate Monitoring

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FETAL MONITORING

I. Purpose and Value - provides important information about condition of the fetus during the progress of labor especially in relation to the effects of uterine contraction.

II. Types of Monitoring:

A. Intermittent ausculation with a fetoscope - provides no reliable sign of fetal jeopardy. Transient changes are missed and minimal changes are often averaged out.

B. Electronic fetal monitoring - provides information about FHR and uterine activity during labor. Monitoring may be indirect via an external monitor (does not give accurate picture of beat-to-beat variability) or direct via an electrode applied to the presenting part of the fetus (can only be applied after the amniotic membranes have ruptured and the cervix has dilated at least 1 cm). Uterine activity can be measured indirectly via an external device called a tocodynometer or directly via a transcervical intrauterine catheter (also placed after ROM). External device does not accurately reflect intensity of contractions---must palpate.

III. Fetal Heart Rate:

A. Normal FHR - range is 120-160 beats per minute (BPM).

B. Baseline FHR - defined as rate observed when mother is not in labor or as the rate between periodic changes.

C. Beat to beat variability - normal occurrence in a fetus and a sign of mature CNS and fetal well-being. NL frequency of variability is 3-10% of the baseline rate. When this variability in FHR is not associated with other ominous patterns, a nl, intact and functioning nervous system is indicated. Variability ↑as with gestation and ↓ with fetal sleep and with certain drugs (ie Valium, $MgSO_4$, sedatives and narcotics). Minimal baseline variability (3-5 BPM) indicates CNS depression and possible fetal hypoxia. 0-2 BPM (flat baseline) important warning sign of fetal jeopardy. Average variability (normal)= 6-10 BPM.

D. FHR 160-180 = tachycardia. Over 180 = marked tachycardia.

E. FHR 120-100 = bradycardia. Below 100 = marked bradycardia.

F. Periodic changes in FHR associated with uterine contractions can occur. These are defined as accelerations and decelerations.

G. Decelerations are especially significant in assessing fetal well-being. These are categorized as early, late, or variable decelerations.

H. Early decelerations - onset with uterine contractions and return to baseline with uterine pressure curve. Usual heart rate ranges from 140-100 BPM.

Etiology - head compression. (May avoid by delaying amniotomy until after 5 cm dilated.) No treatment or intervention needed and usually of no clinical significance.

I. Late decelerations - similar to early decelerations but have onset later in relation to uterine contractions. Usually "bottom out" well after contraction ended. Etiology - impaired uteroplacental exchange. Reflects O_2 deficit at level of fetal CNS or fetal myocardium. Late deceleration of any magnitude is serious. Treatment - must identify promptly and correct the condition responsible. If mother is supine, uterus may be compressing major vessels and decreasing uterine blood flow. Turn mother to lateral position. Administer 100% O_2 to mother to increase available oxygen to fetus. If Oxytocin being given, DC it (may cause excess uterine activity and uteroplacental insufficiency). Correct maternal hypotension (may be caused by supine position or drugs (esp. regional anesthetics). Report abnormal FHR pattern---if not corrected promptly, immediate delivery may be indicated (by C section or forceps if fully dilated).

J. Variable decelerations - have inconsistent configuration and no consistent time relationship to contractions. Common at end stages of labor. Etiology - cord compression by fetus as descends birth canal. (Also may be seen with prolapsed cord.) Continued compression can lead to acidosis and severe fetal distress. Treatment - identify promptly and change maternal position. If severe - 70 BPM or less for 30 sec. associated with rising baseline FHR, decreasing variability, and slow return to baseline, change maternal position and if not corrected, give 100% O_2. If still not corrected, deliver fetus promptly.

Nursing Interventions in Response to Dangerous Decelerations from Jensen, Benson, and Bobak (pg 439):

1) Change woman's position from supine to side, or from one side to another.
2) Give oxygen per mask at 8-10 L/Min.
3) Stop oxytocin; change to D5RL and increase rate to 80-125 ml/hr.
4) Notify physician of tracing and effect of repositioning and O_2 administration.
5) Complete preparation for C/S if pattern persists.

4-02-84 mp

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Nursing Department

REMAINDER NOTES - FIRST STAGE NURSING STRATEGIES

I. Complications of ROM:

A. Infection (Chorioamnionitis): Risk of infection ↑es after 4 hrs. Deliver fetus within 24 hrs. If labor doesn't start in 6-8 hrs usually start pit. to initiate labor.

B. Prolapsed Cord: Danger of compression with fetal hypoxia or death. When membranes rupture,
   1) Put to bed, 2) Stat check FHR esp. for variable decelerations. Recheck in 10 min for hidden prolapse, 3) Do V.E. ✓ Amniotic fluid with Nitrazine.
   2) If prolapse occurs, apply upward pressure with sterile glove against presenting part to relieve pressure +/or place in deep trendelenburg position or in knee-chest position. Start O_2 at 5LPM or more by mask. Do C/S stat or deliver stat with forceps if fully dilated. Normal amniotic fluid pale straw color with white flecks. Green = fetal distress from hypoxia if in vertex pos. (Meconium stained amniotic fld.) Port wine = abruptio placenta. Foul odor = poss. infection.

II. Provide Safety for Mother:

A. Eval contractions: (see pg 428, Table 21-3) either by hand or by electronic monitoring with ext. Tocodynamometer or intrauterine pressure transducer.
   1. Report any contractions lasting over 60-70 sec (=Tetanic contractions) esp. if occur with Pit drip. Decrease or stop Pit.
   2. Uterus should relax between contractions. Report if not.
   3. Contractions should start in fundus, not in mid or lower part part of uterus.

III. Provide for Elimination Needs:

A. Prevent bladder distention: it retards labor progress and predisposes to urinary stasis and infection.

B. Encourage to vd q2h. Observe for distention q2h by palpating over bladder. Cath if unable to void + bladder distention present.

IV. Protect from Accidents and Injury:

A. Put up side rails after adm. of sedatives or analgesics. Check freq. esp. when taking analgesics. Don't leave alone in delivery room. Put legs up in stirrups and down simultaneously to prevent strain on utero-sacral ligaments. Prevent pressure on popliteal vessels.

V. Protect from Supine Hypotension

(Vena Caval Syndrome): Compression of inf. vena cava by uterus → ↓ in maternal cardiac return → ↓ in cardiac output (maternal hypotension) → ↓ in blood flow to uterus → fetal hypoxia + fetal distress.

A. When in bed, pt to lie in left lateral pos. or if supine, place wedge under (R) hip, +/or encourage to assume sitting pos (45° angle) as much as poss.

VI. Protect from Aspiration: Vomiting likely in active and transition phases.

A. Give antiemetics + pos. to facilitate drainage emesis. (Turn to side.) Suction at bedside in case needed. Usually NPO or only ice chips allowed.

VII. Monitor Maternal V.S. Frequently:

A. Check VS on adm. Then check temp q4h or if ROM, Q1-2h. Report T over 100.4°. Check R q4h. Check BP + p at least q1h. (Not during contraction.) Report BP 140/90 or over and 90/50 or under.

Crucial times to check VS - after adm. of analgesics or anesthetics; after adm. of oxytocics; when contractions become more freq. + intense; temp q1-2h after ROM to assess for amnionitis.

VIII. Measures to Relieve or Decrease Discomfort + Fear: Read text, pp 443-446. Note positioning with pillows, sacral counterpressure, back rubs, effleurage, mouth care, ice chips, peri care, dry gown, coaching, focusing, breathing techniques, etc.

A. Teaching - best done in latent phase when attention better. Simple instructions, don't overwhelm. Teach breathing techniques, relaxation, use of focal point, effleurage, etc. Include labor partner.

B. Breathing techniques all start with deep cleansing breath in through nose, out through pursed lips. Read and learn from pg 445 for specific techniques for 0-3, 4-7 + 8-10 cm breathing. Hyperventilation may occur from excess loss of CO_2 with rapid breathing. (= Resp. alkalosis.) Have slow down breathing or breath into paper bag to ↑ CO_2 levels. (Pt c/o numbness, dizziness + tingling with alkalosis.)

IX. Provide Emotion Support: Accept pt behaviors without being judgemental or responding harshly. See care plan on Labor Phase + text.

Study especially table on pg 443, pg 457, + your handout on Care Plan: Labor Phase.

H.) Adaptations Associated with the Final Stages of Labor

11,19, 22	1)	Describe strategies to promote bearing-down efforts during second stage labor.
11,19, 22	2)	Explain nursing care of the mother in the delivery setting during second and third stages of labor.
11,19, 22	3)	Describe the three phases during the spontaneous delivery of the newborn.
11,19	4)	List the strategies which are implemented immediately after the delivery of a newborn in order of priority.
11,19	5)	Explain the Apgar scoring system and its use in the assessment of the newborn.
11,19, 22	6)	Identify signs indicative of placental separation.
11,19, 23	7)	Describe strategies to maintain the optimum state of adaptation during the fourth stage of labor.

Maternity Care: The Nurse and Family; Jensen, Benson & Boback; Chapters 22, 23.

I.) Operative Procedures to Promote the Optimum Steady State of Adaptation of the Mother and Newborn

11,19, 22	1)	Compare the advantages and disadvantages of anesthesia methods used during labor and delivery.
11	2)	Discuss the purposes and types of episiotomies.
11,19, 22,24	3)	Explain maternal and fetal indications for the use of forceps during delivery.
11	4)	List the six prerequisites necessary for a safe forceps delivery.
11,19, 24	5)	Discuss maternal and fetal indications for a cesarean delivery.
11	6)	Compare advantages and disadvantages of the different types of cesarean procedures.
11,19 23	7)	Discuss strategies to promote the optimum steady state of adaptation of the parent-infant system before, during and after a cesarean delivery.

Maternity Care; The Nurse and Family; Jensen, Benson & Boback; p. 308 - 318.

Audio Visuals: VT 798 Disorders of the Female Reproductive System - Complications of Labor: Cesarean Section: A Surgical Alternative

UNIT II

A.) Adaptations of the Maternal System During the Puerperium

11, 22	1)	Describe adaptations occuring in the biological subsystems during the puerperium.
3, 11, 12, 18, 19, 21, 22, 24	2)	Describe possible assessments of the biological subsystems during the puerperium and strategies that will promote, maintain or restore the optimum steady state of adaptation.
11, 19, 21, 22	3)	Describe the daily care of the breast during lactation.
11, 19, 21	4)	Identify strategies designed to suppress lactation.
11, 19, 21, 22	5)	Discuss the resumption of normal activities during the puerperium.
11, 18, 19, 21	6)	Explain strategies designed to maintain the optimum steady state and prevent puerperal infection.
11, 18, 19, 21	7)	Identify strategies designed to restore the optimum steady state of adaptation following each of the four degrees of perineal lacerations.
11	8)	List the causes of postdelivery hemorrhage.
11, 18, 19, 24	9)	Describe strategies designed to restore the optimum steady state of adaptation and prevent shock during a postdelivery hemorrhage.
11, 24	10)	Examine other health deviations occurring in the maternal system during the puerperium.
11, 19, 21	11)	Discuss the advantages and disadvantages of the various methods utilized for family planning.

Maternity Care: The Nurse and Family; Jensen, Benson & Boback; Chapters 27 & 28; p. 663-672.

Audio-Visual: VT 778 Aspects in Maternal Care: Development and Function of the Breast and Highlights in care of the Nursing Mother

B.) Adaptations of the Parent-Infant System

11		1) Discuss the terms parenthood and "motherliness".
11,23	o	2) Describe parent-infant interactions which indicate and strengthen attachment.
11,18, 19,21, 23	◎ ●	3) Determine strategies which will promote adaptation of the parent-infant system.
2,11, 23	o△	4) Explain parental tasks and stages of development that must be achieved during the assumption of the parental role.
2,11, 23		5) Identify factors influencing responses of the mother and father to the parental role.
3,11, 23	●	6) Describe assessments which indicate the response of the mother and father to the parental role.
11,23	△	7) Examine the effect of paternal participation during labor and delivery on the development of the parent-infant system.
11,23	□	8) Discuss factors that affect attachment when the infant is premature or has a congenital defect.

Maternity Care: The Nurse and Family: Jensen, Benson & Boback; Chapter 31; p. 846-848.

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Nursing Department

INDEPENDENT STUDY GUIDE: ADAPTATIONS OF THE PARENT INFANT SYSTEM

The answers to the following may be found in chapter 31 of Maternity Care by Jensen, Benson, and Bobak.

Page Number

696
1. Define the mothering function.
2. Describe the two components of the mothering function.
3. State how the psychologic component in child care, motherliness, is acquired.
4. Define the attachment process.

697
5. How does Freudian theory explain the bond between mother and child?
6. List 3 signaling behaviors and 4 executive behaviors that serve to initiate and maintain contact with the mother.
7. The following 7 interactions from Klaus and Kennel are said to aid in strengthening attachment. Answer the following questions about each of these.
   a. Briefly describe the orderly and predictable pattern of touch behavior between mother and infant following birth.
   b. Describe the effect of eye to eye contact on the attachment process.
   c. How does the factor of odor relate to the attachment process?

698
   d. What affect does body warmth have on parent and infant?
   e. How does voice relate to the attachment process?
   f. Define entrainment and relate it to the attachment process.
   g. What is biorhythmicity? What is the infant's task after birth?
8. Define the concept of the sensitive period and state the effect of close contact at this time.

699
9. What does research in the area of child abuse show in relation to early contact between parent and infant?

700
10. Describe ways in which family-centered care is carried out in hospitals.
11. List 6 parental tasks to be mastered in the assumption of the parenting role.
12. Define and describe the following 3 stages of development of the parental role and list nursing strategies for each that will promote adaptation:
    a. Stage 1: dependent behavior (taking-in process)

702-704
    b. Stage 2: dependent-independent behavior. Also 1) list those mothers who have most difficulty adjusting in this stage, 2) describe the nurse's teaching role in this stage, 3) describe sibling rivalry, 4) list causes, symptoms, and nursing strategies related to depression (baby blues), 5) describe situational supports and supportive nursing care (703), and 6) list coping mechanisms to teach to parents.

704-705
    c. Stage 3: interdependent behavior. Also describe specific strategies to suggest to parents to cope successfully with sibling rivalry (705).
13. List and briefly describe how the 7 factors on pg 705 and 706 influence parental responses to parenthood.

707
14. List behaviors you would see in parents who are deficient in the quality of motherliness.
15. Describe positive and negative behaviors you might see related to the claiming process.

708
16. Review the table on pg 708. List the 4 areas of behavior to be observed in assessing psychologic response to parenting 4 days after delivery. Study their various aspects.

Page Number

17. Review the table on pg 709 and list the 7 areas to be observed in assessing response at 1, 3, and 6 mos after delivery. Study their various aspects.

711 18. Study these tables. List "positive family circumstances" and "warning signs" in the post delivery period which will assist you in assessing response to parenthood.

713-714 19. Describe nursing strategies related to initiating and consolidating parent-child relationships.

715 20. Describe nursing strategies related to growth in parental role.

847 21. List the needs of the parents who have given birth to a child with a disorder.

848 22. List ways that nurses can a) promote a positive continuing parent-child relationship, b) assist parents in the phase of diagnosis, management, and clinical evaluation, c) help in the long-term management of the child relative to support, teaching, referral, and guidance and counseling, and d) assist parents in reentering the outside world.

C.) Adaptation of the Newborn to the Extrauterine Environment

2,11, 19	○★	1) Describe adaptations occuring in the biological subsystems of the newborn in response to the stressor of the extrauterine environment.
11	★	2) Explain the differences and their significance between the respiratory tract of the newborn and that of the adult.
3,11	★	3) Identify normal findings involving the integumentary subsystem of the newborn.
3,11, 19	⌓	4) Examine factors affecting thermoregulation in the newborn and the importance of maintaining the optimum thermal environment.
11,19, 21	▲	5) Discuss the following neonatal behaviors including implications for parent education: a) sensory b) sleeping/waking c) social d) feeding e) elimination f) reflexes
11	●	6) Describe normal reflexes of the newborn and how to elicit them.
3,11	●	7) State normal data obtained during assessment of the newborn.
11,18 19	○●	8) Describe strategies to promote and maintain adaptation to the extrauterine environment.

Maternity Care: The Nurse and Family; Jensen, Benson & Boback; Chapter 29; p. 735-736.

Audio-Visuals: VT 779 Nursing Care of the Newborn: Introduction to Newborn Nursing

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NEWBORN ASSESSMENT CHECKLIST

Measurements:
- Length ____
- Weight: Birth____
- Daily____
- Head Cir. _____
- Chest Cir. _____
- Position/Movement:
- Describe_____
- _____

Skin:
- Color_____
- Lanugo_____
- Vernix caseoso____
- Desquamation_____
- Rash_____
- Marks_____

Cranium:
- Ant. fontanel____
- Post. Fontanel____

Eyes:
- Discharge_____
- Ability to follow object to midline
- _____

Ears:
- Position_____
- Cartilage_____

Nose:
- Patent nares R__L__
- Discharge_____
- Flaring nares_____

Mouth, Throat:
- Palate intact_____
- Tongue protrudes___
- Thrush_____

Neck:
- ROM
- Side to side_____
- Ant-Post_____

Chest:
- Ribs flexible_____
- Zyphoid process seen_____
- Symmetrical ch. expansion_____
- Breast enlargement _____
- Breast secretion___

Lungs:
- BBS_____
- Resp rate,rhythm_____
- Abd breathing_____

Heart:
- Rate_____Sleeping____
- Crying_____
- Rhythm_____
- Femoral pulses_____

Abdomen:
- Umbilical stump_____
- Color_____
- Odor_____
- Distention

Male Genitalia:
- Testes palpable_____
- Urethral meatus_____
- Smegma_____

Female Genitalia:
- L.Minora> L.majora___
- Discharge_____

Anus:
- Patent_____
- Stool/description____

M-S System:
- Spine intact_____
- ROM (All joints including hips)____
- Extrem.'s sym._____
- Holds head horizontal when in prone pos._____
- Head lag;holds erect few seconds in sitting position_____

Neuro. system:

Reflexes:
- Blinking_____
- Pupillary_____
- Sucking_____
- Gag_____
- Rooting_____
- Tongue extrusion____
- Babinski_____
- Moro_____
- Tonic neck_____
- Crawling_____
- Stepping_____
- Yawn_____
- Sneeze_____
- Cough_____
- Stretch_____
- Burp_____

D.) Health Deviations Associated with Labor: Dystocia

	11	1)	Differentiate dystocias of pelvic origin, uterine origin and fetal origin.
	11	2)	Discuss the interrelationship of the three types of dystocia.
	11,19, 22,24	3) C	Examine the potential effects of a dystocia on the normal progress of labor and on the steady state of the maternal-fetal system.
NS 121 5	11,18, 19	4) P	Discuss the use of oxytocin as a method of inducing or augmenting labor including appropriate strategies.
	11,19, 23,24	5)	Discuss the impact of an unplanned cesarean delivery on the parent-infant system.
	11,19	6) C	Describe strategies designed to maintain the optimum steady state of the maternal-fetal system during a difficult labor.

Maternity Care: The Nurse and Family; Jensen, Benson & Boback; Chapter 23; pp. 497-508, 518-530.

E.) The Effect of Health Deviations on Pregnancy: Diabetes and Heart Disease

3,11,19,24	●	1) Utilize White's classification system for the pregnant diabetic to determine the severity of a described patient's diabetes.
11,12	★□	2) Examine the effects of diabetes mellitus on pregnancy and the effects of pregnancy on diabetes mellitus.
11,12,18,19,21	★○●	3) Describe strategies to maintain the optimum steady state of adaptation of the maternal-fetal system during the antepartal and intrapartal periods.
11,12,18,19,21	★○●	4) Describe strategies to maintain the optimum steady state of the mother during the postpartal period.
11		5) Discuss the use of fetal stress and nonstress tests in determining the optimum length of gestation for the fetus.
11,12,19	★□	6) Explain the physiological effects of diabetes on the fetus and neonate.
11,12,18,19	○●	7) Describe strategies designed to maintain the optimum steady state of the neonate.
3,11,19,24	●	8) Utilize the New York Heart Association's classification system to determine the severity of cardiac decompensation given a description of a pregnant woman with heart disease.
11,12,19,21,24	★○●	9) Describe normal biological adaptations during pregnancy which are stressors for the pregnant woman with heart disease.
11,12,18,19,21,24	★●	10) Modify the nursing care plan as necessary for the pregnant woman with heart disease during the antepartal, intrapartal and postpartal periods.

Maternity Care: The Nurse and Family; Jensen, Benson & Boback; p. 374-385; 386-390; 796; 806-809.

Audio-Visual: VT 764 Complications of Pregnancy

HEART DISEASE AND PREGNANCY

POTENTIAL PROBLEMS:

1. Cardiac decompensation

   Other problems listed below may lead to cardiac decompensation.
   Teach signs, symptoms, proper prevention.

2. Upper respiratory infection

   Prevention when possible,
   Treat aggressively if occurs

3. Prevent bacterial endocarditis

   May be given penicillin prophylactically prior to due date.
   Especially important if valve pathology exists.

4. Edema (from cardiac decompensation)

   May be on limited Na^+ intake.
   Needs dietary instruction

5. Should have counseling regarding birth control. Pregnancy may cause marked worsening of cardiac problems.

F.) Health Deviations During Pregnancy: Hamorrhagic Disorders

11,12, 19,21, 24	★□ ●	1) Discuss the following hemorrhagic disorders that may occur during pregnancy including strategies involved: a) spontaneous abortion b) ectopic pregnancy c) rupture of uterus d) hydatidiform mole e) premature separation of placenta f) placenta previa g) disseminated intravascular coagulation
11,12, 13,18, 19	●	2) Develop a standardized nursing care plan for a pregnant woman in shock.
2,11, 19,23	●	3) Examine the effects of an unanticipated antenatal fetal death on the family system.
11		4) Identify methods used to terminate a pregnancy electively.
9,11		5) Discuss ethical-legal issues involved in the elective termination of a pregnancy.

Maternity Care: The Nurse and Family; Jensen, Benson & Boback; Chapter 17; p. 36 - 38; 23-24; 136-144; 321-322; 348; 536-538.

G.) Health Deviations During Pregnancy: Preeclampsia-Eclampsia

	11,12, 24	1) Describe preeclampsia-eclampsia including the population at risk and the effects of the deviation on the biological subsystems.
	3,11, 12, 24	2) Differentiate the symptoms of mild preeclampsia, severe preeclampsia and eclampsia.
	11,19, 21, 24	3) Discuss the importance of antenatal care in the prevention of preeclampsia-eclampsia.
	11,12, 18,19,	4) Describe strategies designed to maintain the optimum steady state of adaptation for the patient hospitalized with severe preeclampsia.
NS 121 5	21, 24 11,12, 18,19	5) Describe the effects of magnesium sulfate and the nursing care required with administration of this drug.
	11	6) Describe maternal-fetal assessment techniques designed to monitor the functioning of the fetal-placental unit.

Maternity Care: The Nurse and Family; Jensen, Benson & Boback; Chapter 18; pp. 276-277; 279-281.

COMPARISON OF SYMPTOMATOLOGY OF

	MILD PREECLAMPSIA	SEVERE PREECLAMPSIA	ECLAMPSIA
B/P:	↑ B/P OF 30/15 MM Hg OR B/P of 140/90	B/P OF 160/110 MM Hg	B/P - SYSTOLIC 180-200 HYPERTENSIVE SHOCK OR CRISIS
WT. GAIN:	> 3 LB/WK IN 2ND TRIMESTER > 1 LB/WK IN 3RD TRIMESTER	> 2LBS/WK	
EDEMA:	SLIGHT, GENERALIZED	PITTING OF FACE, HANDS, SACRAL AREA ABDOMINAL WALL & LEGS	
PROTEINURIA:	+1 - +2 ON DIPSTIX 300 MG/L./24 HRS	+3 - +4 ON DIPSTIX > 5G/24 HR	10 - 20 G/L
OUTPUT:		400 ML/24 HRS OR <	OLIGURIA/ANURIA
HYPERREFLEXIA:		+3 - +4 REFLEXES	TONIC/CLONIC CONVULSIONS
HEADACHE:		FRONTAL/OCCIPTAL NOT RELIEVED WITH TYLENOL	
EPIGASTRIC PAIN:		IMPENDING CONVULSION	
VISUAL DISTURBANCES:		BLURRED VISION, SPOTS	

UNIT III

A.) Assessing the Respiratory Subsystem of the Newborn

2,11	△ 1)	Describe three events in fetal lung development which aid in the preparation of the alveolar chamber for air exchange.
11	★ 2)	Relate the meaning of partial pressure and blood gas measurement to the principles of gaseous exchange across cell membranes.
2,11, 12	★△ 3)	Explain the events of the first breath.
2,3, 11	★ ● 4)	Describe a health deviation which may be identified during each phase of assessment of the respiratory subsystem of the newborn.
11	● 5)	List four indications for assisted ventilation and the blood gas values commonly used as criteria for initiating respiratory support.
11,12	★□ 6)	List examples of health deviations in the respiratory subsystem of the newborn resulting from:
		a) Alveolar disease
		b) Interstitial disease
		c) Non-pulmonary thoracic disease
		d) Extrathoracic disease
11	★ 7)	Discuss types of assisted ventilation designed to increase lung volume.
11	★○ 8)	Relate the use of humidity and oxygen to the maintenance of the optimum steady state of adaptation of the respiratory subsystem.

Maternity Care: The Nurse and Family; Jensen, Benson & Boback; p. 589-590; 737-742; 774-776; 854-857.

Audio-Visual: VT 782 The Care of the Newborn: Respiratory Development

VT 783 The Care of the Newborn: Respiratory Problems

HEALTH DEVIATIONS OF THE NEWBORN'S RESPIRATORY SYSTEM

ALVEOLAR DISEASE

a.) HYALINE MEMBRANE DISEASE

b.) INFECTION

c.) ACCUMULATION OF ALVEOLAR FLUID

d.) ASPIRATION

INTERSTITIAL DISEASES

a.) PNEUMONIA

b.) PULMONARY HEMORRHAGE

c.) PULMONARY DYSMATURITY

NON-PULMONARY THORACIC DISEASE

a.) TRACHEO-ESOPHAGEAL FISTULA

b.) PNEUMOTHORAX

c.) CHD

d.) DIAPHRAGMATIC HERNIA

EXTRATHORACIC DISEASE

a.) NEUROMUSCULAR DISORDERS

b.) HYPOGLYCEMIA

c.) HYPOCALCEMIA

d.) CHOANAL ATRESIA

INDICATORS FOR ASSISTED VENTILATION

BIRTH ASPHYXIA
APNEA
HYPERCARBIA
HYPOXEMIA

BLOOD GAS VALUES

PaO_2 < 60 AFTER 100% O_2 FOR 10 MINUTES

$PaCO_2$ > 70 MM Hg WITH pH 7.20

$PaCO_2$ > 60 MM Hg & RISING AT 10 MM/HR.

B.) The Effects of Prematurity on the Biological Subsystems of the Newborn

11		1) Explain the maternal factors associated with prematurity.
11		2) Identify invasive and noninvasive methods of determining gestational age and EDC.
2,11, 12	•	3) Describe the physical characteristics of the premature infant differentiating between prematurity and small for gestational age.
2,3, 11	•	4) Discuss methods for assessing the gestational age of the newborn.
2,3, 11,18, 19	•	5) Differentiate between the strategies required for a premature infant and those required for an infant who is small for gestational age.
2,11, 12,18, 19	•	6) Explain health deviations associated with temperature regulation in the premature infant and the strategies associated with a heat source.
2.11, 12 18, 19	•	7) Describe strategies associated with the prevention of infection in the premature infant.
2,11, 12,18, 19	•	8) Describe strategies required to meet the nutritional requirements of the premature infant including those associated with gavage feeding.
1		9) Define the following: a) retrolental fibroplasia b) bronchopulmonary dysplasia

Maternity Care: The Nurse and Family; Jensen, Benson & Boback; pp. 754-778; 779-781; 858-866; 812-815.

FACTORS ASSOCIATED WITH PREMATURITY

I. MATERNAL FACTORS

- A. LOW SOCIOECONOMIC STATUS
- B. TOXEMIA
- C. HYPERTENSIVE CARDIOVASCULAR DISEASE
- D. CHRONIC RENAL DISEASE
- E. DIABETES (ADVANCED)
- F. MALNUTRITION
- G. CIGARETTE SMOKING
- H. HEROIN ADDICTION
- I. ALCOHOL
- J. HIGH-ALTITUDE RESIDENCE

II. FETAL FACTORS

- A. MULTIPLE GESTATION
- B. CONGENTIAL MALFORMATION
- C. CHROMOSOMAL ABNORMALITY
- D. CHRONIC INTRAUTERINE INFECTION
  - 1. RUBELLA
  - 2. CYTOMEGALO VIRUS

III. PLACENTAL FACTORS

- A. "PLACENTAL INSUFFICIENCY:
- B. VASCULAR ANASTOMOSES (TWIN TO TWIN)
- C. SINGLE UMBILICAL ARTERY
- D. ABNORMAL CORD INSERTION
- E. SEPARATION
- F. MASSIVE INFARCTION
- G. ? VASCULAR ANOMALIES AND TUMORS
- H. ? SITE OF IMPLANTATION
- I. AVASCULAR CHORIONIC VILLI

METHODS OF DETERMINING GESTATIONAL AGE
AND
ESTIMATED DATE OF CONFINEMENT (EDC)

PRENATAL

LMP
FUNDAL HEIGHT
FETAL MOVEMENT
FETAL HEART TONES
ULTRASOUND
> NON-INVASIVE

L/S RATIO
CREATININE LEVELS
> INVASIVE

POSTNATAL

DUBOWITZ
BALLARD
CORNEA VASCULAR PATTERNS
> NON-INVASIVE

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ESTIMATION OF GESTATIONAL AGE

The following reflexes reflect the infant's neuromuscular maturity and are of value in estimating gestational age:

Sucking:

1) 25-31 wks —— weak and not synchronized
2) 32-34 wks —— stronger, more synchronized
3) 35-38 wks —— breathing, swallowing and sucking should be coordinated

Rooting:

1) < 31 wks —— inconsistent
2) 31-34 wks —— hand to mouth movement
3) > 34 wks —— complete

Moro:

1) <28 wks —— inconsistent
2) 30-33 wks —— stronger
3) 34-38 wks —— arm extension, open fingers, crying
4) 38-42 wks —— arm abduction added to above

Pupillary Action:

1) > 31 wks —— present

The following physical signs are useful in estimating gestational age:

Creases on the Soles of the Feet:

1) < 36 wks —— one or two transverse creases anteriorly
2) 37-38 wks —— creases present on the anterior 2/3 of the sole
3) 40 weeks —— creases also involve heel

Size of Breast Nodule:

1) 33-34 wks —— not palpable
2) 36 weeks —— ≥ 3 mm in diameter
3) 40 wks —— 4-10 mm in diameter

Scalp Hair:

1) < 37 wks —— short and very fine
2) 40 wks —— individual strands are present

Cartilage Development of the Ear:

1) 32-36 wks —— very little ear cartilage
2) 36-40 wks —— thin cartilage which springs back when folded
3) > 40 wks —— pinna is firm

Genitalia:

1) Testes:

a) < 36 wks —— palpable in the inguinal canal
b) 36-40 wks —— present in upper scrotum
c) > 40 wks —— present in the lower scrotum

2) Scrotum:

a) ≤ 36 wks —— few rugae present
b) 36-40 wks —— rugae present on the anterior portion
c) > 40 wks —— rugae over entire scrotum

3) Labia:

a) < 36 wks —— the clitoris is prominent and the labia majoria is small
b) 36-40 wks —— labia majora almost covers labia minora
c) > 40 wks —— labia majora completely covers labia minora

Lanugo:

1) 21-32 wks —— covers entire body
2) 32-38 wks —— absent from face
3) 38-42 wks —— present on baby's shoulders
4) >42 wks —— no lanugo is present

Vernix:

1) 24-37 wks —— covers baby's body
2) 38-40 wks —— on back, skin creases, and scalp
3) 40-42 wks —— in the skin creases
4) >42 wks —— no vernix present

Skin:

1) < 32 wks —— veins and venules can be seen (abdomen); skin is thin, translucent, plethoric; some edema
2) 32-36 wks —— smooth, no edema, thicker
3) 36-40 wks —— firm and smooth
4) > 42 wks —— thick, pale, desquamation over entire body. Assess sub Q fat.

Posture: Observe while quiet, in supine position.

1) 26-30 wks —— hypotonic
2) 30-32 wks —— beginning flexion of the thigh
3) 32-34 wks —— stronger hip flexion
4) 34-36 wks —— froglike posture
5) 36-38 wks —— flexion of all limbs
6) 38-42 wks —— hypertonic posture

C.) Health Deviations Associated with the Newborn: Erythroblastosis Fetalis

11,12	●	1) Describe the immune reactions associated with Rh and ABO incompatabilities and their clinical manifestations.
11,18, 19	●	2) Describe phototherapy including strategies required for the infant under bili lights.
3,11, 18,19	●	3) Discuss the indications for an exchange transfusion and related strategies.
11,19, 21	●▲	4) Explain the patient education required in the administration of Rho Gam.

Maternity Care: The Nurse and Family; Jensen, Benson & Boback; p. 798 - 806 and 866 - 868.

D.) Fetal and Adult Circulation

11	1)	Trace the blood flow through the circulatory system of the fetus.
2,11, 12	2)	Explain the function of each of the following structures in the fetal circulatory system: a) ductus venosus b) foramen ovale c) ductus arteriosus
2,11, 12	3)	Describe circulatory changes which occur at birth, relating them to functional closure of fetal structures.
11	4)	Differentiate between functional and anatomic closure of fetal cardiovascular structures.
2,11	5)	Trace the pattern of blood flow after birth, identifying features which may distinguish the newborn cardiovascular system from adult circulation.

Pediatrics: Essentials of Pediatric Nursing; Whaley & Wong; p. 114, 582 -583.

Maternity Care: The Nurse and Family; Jensen, Benson and Boback; p. 386 - 387 (see diagram on 588-589)

Audio-Visual: Nursing Care of the Newborn: Circulation of the Fetus and Transitional Circulation VT 780 of the Newborn.

E.) Health Deviations Associated with the Newborn: Congenital Heart Defects

3,11	●	1) Discuss the procedures used to diagnose congenital heart defects including potential findings and their significance.
2,11, 12,16, 27	△ ●▲	2) Design strategies for the care of children at various developmental levels requiring cardiac catheterization.
2,3, 11,12, 27	★○ ●	1) Describe biological subsystem adaptations which may be observed in the child with a congenital heart defect prior to surgery.
11,12, 27	★○□	4) Contrast the pathophysiological deviations involved in acyanotic and cyanotic congenital heart defects.
11,12, 27	□	5) Describe each of the following acyanotic congenital heart defects including a description of the palliative and/or corrective procedures necessary for each:
		a) Coarctation of the aorta
		b) Aortic stenosis
		c) Patent ductus arteriosus
		d) Ventricular septal defect
		e) Atrial septal defect
		f) Pulmonic stenosis
11,12, 27	□	6) Describe each of the following cyanotic congenital heart defects including a description of the palliative and/or corrective procedures necessary for each.
		a) Tetralogy of Fallot
		b) Transposition of the Great Vessels
2,11, 18,27	△ ●	7) Develop strategies in the promotion, maintenance and restoration modes for the care of children at various developmental levels who have a congenital heart defect.
2,11, 27,21	△○ ▲	8) Design short-range teaching plans for the preparation of children at various developmental levels for cardiac surgery.
2,11, 12,22, 27,26	△	9) Discuss the short and long-term effects of a congenital heart defect on the child's growth and development and on his family.

Pediatrics: Essentials of Pediatric Nursing; Whaley and Wong; p. 577 - 597.

UNIT IV

A.) Nutritional Requirements of Infants and Children

2,11	1)	Identify the nutritional requirements of children at various stages of development.
11,22	2)	Describe the biological adaptations associated with lactation.
11	3)	Compare the nutritional components of colostrum, breast milk and cow's milk.
11,12, 21	4)	Identify factors which impair or suppress lactation.
11,21	5)	Discuss the excretion of drugs in the breast milk including implications for the mother and infant.
11	6)	Compare various commercially prepared currently used formulas.
3,11, 18,19	7)	Identify alternative approaches to be used when common difficulties associated with breast or bottle feeding occur.
2,11, 21	8)	Develop short-range teaching plans to be used to promote the nutritional status of children at various stages of development.
4,11, 21	9)	Relate the addition of solid foods to the development of eating habits and attitudes toward food by infants and toddlers.
2,11, 21	10)	Relate the child's nutritional habits and food preferences to the nutritional counseling required at various developmental levels.

Pediatrics: Essentials of Pediatric Nursing; Whaley and Wong; p. 132 - 134; 197 - 199; 218 -219; 238 -239; 255; 304 - 305; 321 - 322; 899 - 901.

B.) Admission and Orientation of the Child to the Hospital Environment

2,3, 11,25	Δ	1) Identify stressors related to hospitalization that are factors at each developmental level.
2,11, 25	Δ	2) Describe normal reactions to stress exhibited by the hospitalized child at each developmental level.
2,11, 12,27	★○	3) Determine strategies which promote, maintain or restore adaptation in the child's psychological and sociological subsystem during hospitalization.
11, 26		4) Discuss effects of the hospitalization of a child on the family system.
11, 26 21	Δ	5) Discuss the benefits of preadmission preparation for children and the admission procedure followed if it has not been done.
2,3	●	6) State assessment data gathered on a nursing admission history of a child.
2,11	●	7) Identify the range of normal infant/child vital signs.
2,11, 12, 16 21	★○ ●	8) Explain the role of the nurse in assisting parents to promote adaptation of the child especially in relation to the psychological and sociological subsystems.

Pediatrics: Essentials of Pediatric Nursing; Whaley and Wong; p. 397 - 417.

Audio-Visuals: FS 873 Pediatrics: Psychosocial Implications
1) The Nursing Challenge
2) Deprivations Resulting from Illness
3) Alleviating Fear and Pain
4) Behavioral Responses to Illness
5) Alterations in Body Image

C.) Preparing the Child for Procedures Associated with Hospitalization

2,11, 18,19	●	1) Design strategies for collecting specimens ordered for pediatric patients.
2,11, 18,19	●	2) Relate the principles associated with the administration of medications for pediatric patients to the strategies utilized.
2,11, 19,26, 21.	▲	3) Describe the role of both the parents and the nurse in the preparation of the hospitalized child for a surgical procedure.
2,11, 19	△	4) Discuss safety measures utilized on the pediatric unit to promote the safety of the patients and staff.
2,11	△	5) Explain methods of restraining and positioning infants and children.
2,11, 19	●	6) Describe potential uses of play before, during and after procedures.
2,11, 16,18, 21	●	7) Develop strategies for preparing a child for procedures or surgery.

Pediatrics: Essentials of Pediatric Nursing; Whaley and Wong; p. 421 - 448; 469 - 474.

D.) Health Deviations Caused by Communicable Diseases During Childhood

1		1) Define mortality and morbidity.
11	▱	2) State the recommended schedule for active immunization and tuberculin testing of infants and children.
11,12, 21	▱ ●	3) Describe the source, transmission, incubation period, period of communicability, clinical manifestations and strategies associated with each of the following communicable diseases: a) Chicken pox b) Diphtheria c) Measles (rubeola and rubella) d) Mumps e) Poliomyelitis f) Pertussis g) Scarlet fever h) Tuberculosis i) Tetanus
11,3	●	4) Describe the onset and clinical manifestations of Reye's Syndrome.
11,12, 27,21	□ ●	5) Discuss the pathophysiology, clinical manifestations and strategies related to the following health deviations occurring in early childhood: a) Tonsillitis b) Otitis Media c) Conjunctivitis
11		6) Debate the advantages and disadvantages of Tonsillectomy, Adenoidectomy and Myringotomy in the prevention of repeated upper respiratory infections.
11,13, 27,21	●▲	7) Design strategies for care of the pediatric patient hospitalized for a T & A or Myringotomy.
2,11, 12,27 21	□○ ●	8) Describe the effects of the following health deviations, including appropriate strategies, on the adaptation of the school age child and adolescent: a) Impetigo b) Furunculosis c) Tinea capitas, corporis, cruris, pedis d) Scabies e) Pediculosis capitis, corporis f) Sexually Transmitted Diseases

Pediatrics: Essentials of Pediatric Nursing; Whaley and Wong; p. 3 - 6; 199 - 201 (cont on 204); 260 - 277; 342 - 344; 855 - 856; 758 -759 (table); 762; 766 -767; 769 - 771; 707 - 708.

E.) Prevention of Accidents During Childhood

2,11, 21	1) Relate the normal developmental adaptations and personality traits of infants and children to the incidence of accidents and the safety measures required at the given developmental level.
11	2) Describe the three general principles that strategies developed for a child who has ingested a poison are based on.
11,12, 27	3) Discuss the effects of salicylate and acetominophen poisoning including strategies.
11,27	4) Identify strategies associated with lavage to remove ingested poisons.
11,12, 27,21	5) Develop strategies for the care of a child with lead poisoning.
2,11, 21	6) Design short-range teaching plans to use with parents and children for accident prevention.
11,12, 27,21	7) Describe strategies required for the care of a near drowning victim.
11,27, 21	8) Describe emergency strategies used in the removal of an aspirated foreign body.

Pediatrics: Essentials of Pediatric Nursing; Whaley and Wong;
p. 34 - 37; 204 - 208; 239 - 242; 255; 277 - 288; 326 - 329;
495 - 498.

UNIT V

A.) Health Deviations of the Respiratory Subsystem: Acute Infections

2,3,11, 27	1)	Discuss the pathophysiology of the following acute infections of the lower respiratory tract relating the symptom progression to potential assessments: a) croup (acute spasmodic laryngitis) b) acute epiglottitis c) acute laryngotracheobronchitis d) acute infectious laryngitis e) bronchiolitis
2,3,11, 27	2)	Compare and contrast the following types of pneumonia focusing on etiology, epidemiology, pathophysiology and potential assessments: a) viral pneumonia b) bacterial pneumonias
11,22, 25	3)	Design strategies for the care of the infant or toddler hospitalized with an acute infection of the respiratory subsystem utilizing concepts of growth and development.
11,27	4)	Describe specific strategies for the care of the child in a croup tent or croupette.
11,27, 20	5)	Describe strategies associated with the care of a child with a tracheostomy.
11,27, 26	6)	Discuss sudden infant death syndrome (SIDS) including its potential impact on the family suprasystem.

Pediatrics: Essentials of Pediatric Nursing; Whaley & Wong; 1st Edition; 1982; C. V. Mosby; pp. 485 - 495; 455; 463 - 464; 221; 224 - 225.

UNIT V

B.) Health Deviations of the Respiratory Subsystem: Allergic Manifestations

1		1) Define the following terms: a) allergy b) antigen c) antibody d) activa acquired immunity e) passive acquired immunity f) immunogen g) allergen h) anaphylaxis
1,11, 12		2) Describe sensitization, including the development of allergic reactions.
11		3) List the antigens which are commonly responsible for causing anaphylaxis.
3,11, 12		4) Describe the development of anaphylactic shock including potential assessments.
11		5) Identify emergency strategies to be utilized when the patient experiences anaphylactic shock.
11		6) Describe strategies for the prevention of anaphylactic shock.
3,11, 12,27, 25,26		7) Discuss the potential assessments related to the following allergic reactions in children: a) asthma b) eczema
11,12		8) Relate the pathophysiology of bronchial asthma to the administration of the following drugs: a) steroids b) antihistamines c) bronchodilators d) expectorants e) sympathomimetics

2,11,12, 27,25, 26	△ ▱ ●	9)	Design strategies for the care of the child hospitalized with status asthmaticus or bronchial asthma utilizing concepts of growth and development.
2,11,12, 26,25	△ □ ●	10)	Relate the pathophysiology of infantile eczema to the strategies required for the care of the infant with an allergic dermatitis.
2,11,.26	★ ●	11)	Discuss the psychosocial aspects of allergic reactions including the impact on the family suprasystem.

Medical-Surgical Nursing, Concepts & Clinical Practice; Wilma J. Phipps, Barbara Long, Nancy Fugate Woods; 1st Edition; 1979; C. V. Mosby; pp. 1863 - 1864.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; 1983; Addison-Wesley; pp. 189 - 191.

Pediatrics: Essentials of Pediatric Nursing; Whaley & Wong; 1st Edition; 1982; C. V. Mosby; pp. 499 - 508; 771 - 774.

Encycopedia and Dictionary of Medicine, Nursing and Allied Health; Miller - Keane; 3rd Edition; W. B. Saunders Co.; 1983.

UNIT V

C) The Effects of Cystic Fibrosis on the Child's State of Adaptation

11,12	□	1) Discuss the etiology and pathophysiology of cystic fibrosis.
3,11,12	★	2) Relate the clinical manifestations of cystic fibrosis to the diagnostic tests utilized.
3,11,12, 27,26	★△●	3) Design strategies for the care of the child with cystic fibrosis focusing on the respiratory and gastrointestinal subsystems.
3,11,12, 27	□★□	4) Relate the pathophysiologic changes occuring in the respiratory and gastrointestinal subsystems to the medications utilized in treatment.
11	★○	5) Describe physical therapy used to promote the optimum state of adaptation of the respiratory subsystem focusing on postural drainage, percussion, clapping and vibration.
2,27,26, 25	★△	6) Examine the potential effects of a chronic disease on the family suprasystem and on the achievement of normal developmental tasks by the child.

Pediatrics: Essentials of Pediatric Nursing; Whaley & Wong; 1st Edition; 1982; C. V. Mosby; pp. 509 - 513; 514 - 515; 455 - 462.

Programmed Instruction: The Child with Cystic Fibrosis

UNIT VI

A) The Effects of a Congenital Defect on the Parent-Child System: Cleft Lip/Cleft Palate

2,11, 27,26	1) Describe strategies to promote psychosocial adaptation of the parent-infant system when the infant is born with a congenital defect.
	2) Identify the etiology and incidence of a cleft defect.
	3) Describe the classifications of cleft lips and cleft palates.
11, 27	4) Differentiate between pre-op and post-op strategies for the care of the infant with a cleft lip and/or palate repair.
11, 27, 26,21	5) Design teaching plans covering the following information to use with parents pre and postoperatively: a) positioning b) feeding c) use of restraints d) appropriate toys and play materials
11,12, 21	6) Identify potential long-term problems associated with cleft lip and/or cleft palate.

Pediatrics: Essentials of Pediatric Nursing; Whaley & Wong: 1st Edition; 1982; C. V. Mosby; pp. 531 - 536; 351 - 363.

UNIT VI

B.) Health Deviations Resulting from Congenital Cord Defects

11,12		1) Differentiate among the three classifications of spina bifida including clinical manifestations and prognosis.
11,12, 27,26		2) Discuss pre and post op strategies necessary for the care of an infant with a myelomeningocele.
		3) Differentiate between communicating and noncommunicating hydrocephalus.
		4) Describe two types of shunting procedures utilized to decrease hydrocephalus.
3,11, 12		5) Identify assessments which indicate hydrocephalus and/or increased intracranial pressure.
11,12, 27,26		6) Design strategies for the pre and post op care of an infant with hydrocephalus.
3,11, 12, 27		7) Discuss the pathophysiology, potential assessments and strategies associated with bacterial meningitis.

Jackson, Pat Ludder, "Ventriculo-Peritoneal Shunts", AJN June, 1980, pp. 1104-1109.

Pediatrics: Essentials of Pediatric Nursing; Whaley & Wong; 1st Edition; 1982; C. V. Mosby; pp. 846 - 853; 717 - 721; 703 - 707.

UNIT VI

C) Cerebral Palsy and Its Effects on the Child's State of Adaptation

1		1) Define cerebral palsy.
3,11	★	2) Differentiate between the clinical manifestations of spastic and dyskinetic (athetoid) cerebral palsy.
2,3, 11,27	★	3) Compare normal newborn neurological reflexes to the abnormal reflexes present in the child with cerebral palsy.
2,11	△	4) Relate the development of sucking and swallowing reflexes and feeding techniques to speech development.
11, 27	═	5) Explain appropriate diets and feeding techniques for children with either spastic or dyskinetic cerebral palsy.
11, 26, 21	▲	6) Describe the nurse's role in teaching family members methods of handling, carrying, positioning and bathing their child.
		7) Explain the relationship between activity level and rest periods.
2,11	△	8) Identify play materials that are appropriate for the child's developmental level and condition.
2,11, 26,25	△ ★	9) Discuss potential psychosocial problems arising from the child's condition and their impact on growth and development.

Pediatrics: Essentials of Pediatric Nursing; Whaley & Wong; 1st Edition; 1982; C. V. Mosby; pp. 842 - 846.

Programmed Instruction: Nursing Care of the Child with Cerebral Palsy

UNIT VI

D.) Nursing Care of the Parent-Child System when the Child Has a Developmental Health Deviation

1		1) Define mental retardation.
2	△	2) Relate the classifications of mental retardation to learning ability and growth potential.
11	●	3) Discuss possible causes of mental retardation including strategies designed to decrease the incidence.
3,11	✶ ●	4) Describe potential assessments associated with Down's syndrome.
2,11, 21	△ ▲	5) Develop teaching plans to be used with the parents of children with Down's syndrome or mental retardation.
3,11	●	6) Identify potential assessments which would indicate the presence of a hearing or visual impairment.
3,11, 12, 20	△ ●	7) Describe adaptations of strategies which are necessary when the hospitalized child has a developmental health deviation.
3		8) Describe the behavior of the child diagnosed as autistic.
3,11, 27		9) Differentiate the behavior associated with a hearing or visual impairment from the behavior of an emotionally disturbed child.
2,3	△	10) Discuss the advantage of early diagnosis for the treatment of a child with a developmental health deviation.
2,3	△	11) Describe the use and purpose of the Denver Developmental Screening Test.

Pediatrics: Essentials of Pediatric Nursing; Whaley & Wong; 1st Edition; 1982; C. V. Mosby; pp. 370 - 384; 386 - 392; 329 - 331; 225 - 226; 105 - 108.

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
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NURSING CARE OF THE PARENT-CHILD SYSTEM WHEN THE CHILD HAS A DEVELOPMENTAL HEALTH DEVIATION

THE AUTISTIC CHILD

Definitions:

1) Earliest form of psychosis.
2) "Living in terms of the self"
3) Neurological, perceptual, physiological dysfunction and psychotic behavior state in the very young child.

Origins:

1) Described by various researchers as psychogenetic, biogenetic, or biochemical or as combinations of these.

Incidence:

1) 4/10,000.
2) Correlated with families of above-average intelligence and of middle to upper socioeconomic status.

Onset:

1) Birth to 30 months.

Disturbances occur in the following areas:

1) Relationship with the social environment.
2) Use of speech for social expression and communication.
3) Developing a sense of personal identity.
4) Use of affect
5) Total integration and organization of personality.

Characteristics:

1) Extreme interpersonal isolation.

   a) Does not assume an anticipatory posture before being picked up.
   b) Gives no sign of recognition of people.
   c) Smiling response remains a reflex.
   d) Absence of molding to parent's body when child is held.
   e) Infant seems content to play alone and does not seek parents during crawling and early toddler stages.
   f) Comforting when hurt does not console the child.
   g) Avoidance of eye-to-eye gaze.

Characteristics - continued:

2) Intense, abnormal concern for preservation of sameness.

   a) Emotional outbursts of tears, rage, stamping or kicking occur as a reaction to frustration, fears, changes in environment or for no apparent reason.
   b) Efforts to fit child into organized routines lead to an increase in temper tantrums, masturbation, preoccupation and anxiety.

3) Do not respond to verbal stimulation.

   a) Avoid responding to normal cues, but are fascinated and attentive to music.

4) Fail to demonstrate stranger anxiety or to fear separation from mother.

5) Obsessively attached to inanimate objects.

   a) Toys and objects handled in restricted way.
   b) Form is everything.
   c) Toys that are smooth, spin, reflect light and sparkle, as well as puzzles with odd shapes are all sources of inordinate fascination.

6) Engrossed in odd, repetitive behaviors and behaviors that are self-stimulating.

   a) Aggressive hurting acts occur which are directed toward themselves.
   b) Enjoy solitary play or bodily preoccupations such as rocking, head-banging or sucking.
   c) Enjoy oral activity.
   d) Can sit motionless for hours, staring, appearing deep in thought and preoccupied.

7) Typical language and communication defects.

   a) 50% do not speak.
   b) Speech may be in monotone, high-pitched and echolalic.
   c) Repeat questions to ask questions.
   d) Use words literally and concretely.
   e) Pronominal reversal. Avoids using "I", uses "you" to refer to self.
   f) Negativism. Avoids using "yes."

8) Strengths.

   a) May exhibit above average motor behavior, be unusually graceful and agile in their movements and demonstrate superior skills in visual motor tasks.
   b) Superior memory, motor coordination and spatial abilities.
   c) Agile, graceful. Do not appear retarded and have excellent memories for spatial arrangements, objects in the physical environment and music.

Intervention:

1) Goal is to increase social awareness of others, teach verbal communication and decrease unacceptable behavior.
2) Methods:

   a) Therapeutic one-to-one relationship.
   b) Play therapy.
   c) Behavior modification.

Prognosis:

1) Establishment of some meaningful speech by 5 years of age is a good prognostic sign.
2) 50% remain the same at adolescence; 15% enter the normal educational system.

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2) Whaley & Wong. Nursing Care of Infants and Children. St. Louis: C. V. Mosby Co., 1979.

3) Mareness

4) Haber, Judith, et al. Comprehensive Psychiatric Nursing. New York: McGraw-Hill Book Co., 1978.

5) Carter, Frances Monat. Psychosocial Nursing, 2nd Edition. New York: Macmillan Publishing Co., Inc., 1976.

6) Rutter, Michael. "Concepts of Autism: A Review of Research" Journal of Child Psychology and Psychiatry, Vol. 9, 1968, pp. 1-25.

UNIT VII

A.) Failure to Thrive: Causes Related to the Sociological and Psychological Subsystems

11, 26	★	1) Discuss the various causes of failure to thrive focusing on the "maternal deprivation syndrome".
3,11, 21	★ ●	2) Describe potential assessments which would indicate that the parent-infant system is at risk for deviations in the psychological and sociological subsystems.
3,11, 27	★ ●	3) Describe assessments which would indicate that the child is failing to thrive and/or is abused.
11,12, 27,26	○ ●	4) Design strategies to restore the optimum steady state of adaptation of both the child and the parent-child system.
1		5) Define child abuse/neglect.
11		6) Discuss the three factors contributing to the etiology of child abuse.
21, 27		7) Relate the concept of parent-infant attachment to the prevention of child abuse.
2,11, 12,27, 26	○ ★ ●	8) Design strategies to restore the optimum steady state of adaptation of the biological, psychological and sociological subsystems of the abused child, including strategies related to the parent-child system.
11, 27	●	9) Discuss adaptations of strategies required when the abuse to the child is of a sexual nature.

Pediatrics: Essentials of Pediatric Nursing; Whaley & Wong; 1st Edition; 1982; C. V. Mosby; pp. 220 - 223; 288 - 293; 345 - 346.

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
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NS 139

TYPE OF CA/N	PHYSICAL INDICATIONS	BEHAVIORAL INDICATORS
PHYSICAL ABUSE	Unexplained Bruises and Welts: - on face, lips, mouth - on torso, back, buttocks, thighs - in various stages of healing - clustered, forming regular patterns - reflecting shape of article used to inflict (electric cord, belt buckle) - on several different surface areas - regularly appear after absence, weekend or vacation Unexplained Burns: - cigar, cigarette burns, especially on soles, palms, back or buttocks - immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia) - patterned like electric burner, iron, etc. - rope burns on arms, legs, neck or torso - infected burns, indicating delay in seeking treatment Unexplained Fractures/Dislocations: - to skull, nose, facial structure - in various stages of healing - multiple or spiral fractures Unexplained Lacerations or Abrasions: - to mouth, lips, gums, eyes - to external genitalia - in various stages of healing Bald Patches on the Scalp	Feels Deserving of Punishment Wary of Adult Contacts Apprehensive When Other Children Cry Behavioral Extremes: - aggressiveness, or - withdrawal Frightened of Parents Afraid to Go Home Reports Injury by Parents Vacant or Frozen Stare Lies Very Still While Surveying Surroundings Will Not Cry When Approached by Examiner Responds to Questions in Monosyllables Inappropriate or Precocious Maturity Manipulative Behavior to Get Attention Capable of Only Superficial Relationships Indiscriminately Seeks Affection Poor Self-Concept
PHYSICAL NEGLECT	Underweight, Poor Growth Pattern, Failure to Thrive Consistent Hunger, Poor Hygiene, Inappropriate Dress Consistent Lack of Supervision, Especially in Dangerous Activities or Long Periods Wasting of Subcutaneous Tissue Unattended Physical Problems or Medical Needs Abandonment Abdominal Distention Bald Patches on the Scalp	Begging, Stealing Food Extended Stays at School (early arrival and late departure) Rare Attendance at School Constant Fatigue, Listlessness or Falling Asleep in Class Inapprioriate Seeking of Affection Assuming Adult Responsibilities and Concerns Alcohol or Drug Abuse Delinquency (e.g., thefts) States There is No Caretaker

E OF CA/N	PHYSICAL INDICATIONS	BEHAVIORAL INDICATORS
SEXUAL ABUSE	Difficulty in Walking or Sitting Torn, Stained or Bloody Underclothing Pain, Swelling, or Itching in Genital Area Pain on Urination Bruises, Bleeding or Lacerations in External Genitalia, vaginal or Anal Areas Vaginal/Penile Discharge Veneral Disease, Especially in Pre-teens Poor Sphincter Tone Pregnancy	Unwilling to Change for Gym or Participate in Physical Education Class Withdrawal, Fantasy or Infantile Behavior Bizarre, Sophisticated, or Unusual Sexual Behavior or Knowledge Poor peer Relationships Delinquent or Run Away Reports Sexual Assault by Caretaker Change in Performance in School
EMOTIONAL MALTREATMENT	Speech Disorders Lags in Physical Development Failure to thrive Hyperactive/Disruptive Behavior	Habit Disorders (sucking, biting, rocking, etc.) Conduct/Learning Disorders (antisocial, destructive, etc.) Neurotic Traits (sleep disorders, inhibition of play, unusual fearfulness) Psychoneurotic Reactions (hysteria, obsession, compulsion, phobias, hypochrondia) Behavior Extremes: - compliant, passive - aggressive, demanding Overly Adaptive Behavior - inappropriately adult - inapprioriately infant Developmental Lags - (mental, emotional) Attempted Suicide

UNIT VII

B.) Failure to Thrive: Causes Related to Biological Subsystem

A) Nutritional Deficiencies

2,3		1) Describe the assessments indicative of malnutrition during childhood.
3,11, 12,27		2) Describe the effects on the biological subsystems of the following nutrient deficiencies including appropriate strategies: a) proteins/calories b) Vitamin D c) Vitamin C d) Iron
11,27		3) Discuss adaptations of strategies necessary when hyperalimentation is used for a pediatric patient.
11,27		4) Explain how chronic intestinal malabsorption results in malnutrition and the strategies associated with celiac crises.
11		5) Identify gluten-free foods and those foods to be omitted in a gluten-free diet.
11		6) Explain how the inborn errors of metabolism in phenylketonuria (PKU) and galactosemia are controlled by appropriate dietary interventions.

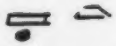
Pediatrics: Essentials of Pediatric Nursing; Whaley & Wong; 1st Edition; 1982; C. V. Mosby; pp. 173 - 175; 212 - 217; 452 - 452; 541 - 544; 610 - 613.

UNIT VII

B.)Failure to Thrive: Causes Related to Biological Subsystems

B) Deviations Associated with the Gastrointestinal Subsystem

2,11, 12,27	□★Δ ●	1) Discuss the implications of diarrhea for the infant and small child including pathophysiology and related strategies.
3,11, 27	●	2) Describe three assessments done by the nurse on examination of the newborn to detect congenital alimentary tract obstructions.
3,11, 27	●	3) List four signs assessed by the nurse which indicate the possibility of alimentary tract obstruction.
3,11, 12, 27	●	4) Discuss the following alimentary tract obstructions including surgical interventions and strategies: a) Tracheal - Esophageal Fistula b) Pyloric Stenosis c) Hirschsprung's Disease d) Meconium Ileus e) Intestinal Atresia f) Imperforate Anus g) Intussusception h) Strangulated Inguinal Hernia
1,11	★	5) Define and describe diaphragmatic hernia, omphalocele and necrotizing enterocolitis.
11,12, 27	★	6) Relate the symptom of vomiting to the fluid and electrolyte imbalance associated with an intestinal obstruction.

11		7) Review the strategies associated with nasogastric intubation and gastrostomy feedings.
2,11, 27		8) Describe strategies used in the introduction of liquid and solid foods during the postoperative period.
3,11, 12,27		9) Discuss assessments indicative of appendicitis and appropriate pre and postop strategies.

Pediatrics: Essentials of Pediatric Nursing; Whaley & Wong; 1st Edition; 1982; C. V. Mosby; pp. 519 - 528; 545 - 559; 536 - 541; 171; 467 - 468.

Health Deviations During Childhood Associated with the Urinary Subsystem

2,3, 11,12, 27	▱ ▲ ●	1) Compare and contrast acute and chronic glomerulonephritis and the nephrotic syndrome in terms of: a) clinical manifestations and potential assessments b) etiology, incidence and onset c) pathophysiology d) laboratory tests and their potential results e) prognosis and clinical course
11,12, 27,26, 21	▱ ▬ ✱ ● ▲	2) Describe strategies required for the care of the child with a renal disease including: a) prevention b) fluid balance and urinary output c) drug and nutritional therapy d) care of the integumentary subsystem e) paracentesis f) activity and exercise g) parental teaching following discharge of the child
2,11, 27,26	▱ ✱	3) Relate the concept of body image to the child with: a) ascites b) anasarca c) emaciation d) steriod therapy
11	✱	4) Identify abnormalities and infections of the urinary tract.

Pediatrics: Essentials of Pediatric Nursing; Whaley & Wong; 1st Edition; 1982; C. V. Mosby; pp. 645 -665

Intrapartal

When assigned to care for an obstetrical patient in the first stage of labor, the student will:

3,11, 12,19, 24	1)	Review the antepartal record, noting any deviations of adaptation within the biological psychological or sociological subsystems.
3,11, 19	2)	Assess and record the following:
		a) Maternal vital signs
		b) Fetal heart tones
		c) Uterine contractions
		d) Condition of fetal membranes
		e) Amount, color and character of the "show"
		f) Dietary intake prior to admission
		g) Allergies
11,19, 20	3)	Observe/assist with a vaginal examination and record findings appropriately.
11,19, 20,21	4)	Explain the significance of information obtained through vaginal examination to the process and progress of labor to the patient.
11,19, 20	5)	Obtain a urine specimen and record.
11,19, 20	6)	Perform a(n) abdominal/perineal prep and record.
11,19, 20	7)	Administer an enema and record.
11,19, 20,21	8)	Place the patient on an external fetal monitor and record.
11,19, 20,21	9)	Observe/assist with the placement of the fetal scalp electrode/intrauterine pressure catheter.

11,19, 21	10)	Assist with breathing/relaxation techniques.
11,19, 20,21	11)	Assist with the administration of analgesics/anesthesia.
11,19, 20	12)	Encourage family participation during labor.
3,11, 19,20	13)	Report signs of approaching second stage labor to the appropriate nurse in charge.
3,11, 19,20, 24	14)	Identify danger signs and report them to the appropriate nurse in charge.
3,11, 19,20	15)	Record the duration of each stage of labor.
3,11, 19,20	16)	If oxytocin is being used for augmentation/induction, assess uterine contractions and their effects on fetal heart tones and record.
3,11, 19,20	17)	Notify the appropriate nurse in charge if an oxytocin infusion creates either tetanic contractions or drops in fetal heart tones.
11,18, 19,24	18)	Implement strategies necessary to restore fetal heart rate to a normal baseline.
11,18, 19, 22	19)	Implement strategies to promote comfort and relaxation during the first stage of labor.

When caring for an obstetrical patient in the second and third stages of labor, the student will:

11,18,19 21,22	●▲	1) Employ strategies to promote the bearing-down effort.
3,11,19 20	●■	2) Take and record fetal heart tones.
3,11,19 20	●	3) Assess for bladder distention and relieve if present.
3,11,19, 20	●■	4) Identify danger signs and report them to the appropriate nurse in charge.
11,19	●	5) Transport the mother to the delivery room and position her for delivery.
11,19	●	6) Prepare the perineal area for delivery.
11,19	●	7) Identify the type and purpose of episiotomy.
11,19	●	8) Describe the purpose and use of forceps.
11,19,20	●■	9) Note the time of delivery and record.
1	●	10) Observe the physician in the immediate care of the newborn.
3,11,19 20	●■	11) Assess the newborn's status at five minutes using the Apgar Scoring System and record.
11,19	●	12) Implement strategies to promote thermoregulation in the newborn.
11,19	●	13) Implement strategies to promote and maintain adequate functioning of the newborn's cardiovascular and respiratory subsystems.
11,19, 20	●■	14) Perform maternal-newborn identification procedures and record.
11,19, 20	●■	15) Administer opthalmic treatment to the newborn and record.
11,19, 20	●■	16) Note and record time of placental expulsion and observations.
3,11,19 20	●■	17) Identify condition of uterine fundus and lochia and record.
11,19	●	18) Transfer mother to recovery area.
11,19, 20	●■	19) Give verbal report to nursery personnel at time of newborn transfer.

When caring for the postpartum woman in the fourth stage of labor, the student will:

11,19, 20	●■	1) Monitor intravenous infusion and record.
3,11,19 20	●■	2) Palpate uterine fundus and lochia flow and record.
11,19, 20	●■	3) Take maternal vital signs and record.
3,11,19, 20	●	4) Assess for bladder distention and relieve if present.
11,19	●	5) Perform peri-care prior to transfer to the unit.
11,18,19 22,23	○●	6) Implement strategies to maintain the optimum steady state of adaptation during the fourth stage of labor.
11,19,20 23	●	7) Encourage father to visit noting interaction.

Postpartal

When assigned to provide care for a mother who has recently delivered a newborn, the student will:

3,11,12 19,20	●■	1) Assess and record adaptations occuring in the biological, psychological and sociological subsystem during the puerperium.
3,11,19 20	●■	2) Perform an eight part post-partum assessment using guidelines and record.
3,11,19	●	3) Perform fundal massage as necessary.
3,11,19 20	●■	4) Assess maternal vital signs and record; reporting temperature greater than 100°F and blood pressure greater than $\frac{140}{90}$.
3,11,19 20	●■	5) Identify excessive vaginal bleeding, notify charge nurse and record.
NS 121 11,19, 20	●■	6) Administer analgesics oxytocins, etc. safely.
,19,20	●■	7) Catheterize, if necessary, and record.
11,19,20 21	●■▲	8) Administer peri-care and/or instruct patient in self peri-care and record.
11,19,20	●■	9) Apply heat and cold treatments as appropriate and record.
11,12,18 19,21	●	10) Implement strategies for the promotion, maintenance, or restoration of the optimum steady state of adaptation of the biological, psychological and sociological subsystems.
11,19, 21	▲	11) Provide instruction to the post-partum mother on the techniques of self care and activity restrictions.
3,11, 19,23	●	12) Assess the parent-infant system for manifestations of attachment.
11,19 23	●	13) Implement strategies to promote attachment within the parent-infant system.
11,19 21,20	●▲	14) Administer RhoGam to at least one postpartum patient, providing her with the necessary patient education material.

Obstetrical Complications

A. When assigned to care for a laboring woman who is failing to progress, the student will:

3,11,19 24		1) Assess the cause of the patient's failure to progress.
11,18,19 21, 24	○ ●	2) Implement strategies to maintain the optimum steady state of the maternal-fetal system during a difficult labor.
11,18,19 23	○ ●	3) Adapt strategies necessary for the promotion of the optimum steady state of adaptation of the parent-infant system before, during and after a cesarean delivery.

B) When assigned to care for an obstetrical patient who is either a diabetic or has an underlying heart disease, the student will:

11,19,20	●■	1) Explain to the instructor the diagnostic tests performed and the normal parameters for each as they apply to your patient.
11,18,19 24	○ ●	2) Adapt and implement strategies to maintain the optimum steady state of adaptation of the maternal-infant system during the antepartal and intrapartal periods.
11,18,19 24	○ ●	3) Adapt and implement strategies to maintain the optimum steady state of the mother during the postpartal period.
11,19	●	4) Observe/assist with the conduction of a nonstress test and/or oxytocin challenge test.
11,19,21 24	▬ ●▲	5) Provide the patient with dietary instructions, adapting when necessary to meet varying cultural backgrounds.

C) When assigned to care for an obstetrical patient for whom pregnancy could terminate through a hemorrhagic disorder, the student will:

11,18,19 24	○✓ ●	1) Adapt and implement strategies to restore, maintain or promote the maternal-fetal adaptations within the biological, psychological and sociological subsystems.
11,18,19 24	○△ ●	2) Implement strategies to restore the optimum steady state of adaptation and prevent shock during hemorrhage.
11,18,19 24	●	3) Evaluate the success of your strategies under the direction of the instructor.

D) When assigned to care for the obstetrical patient admitted with preeclampsia-eclampsia, the student will:

3,11,19,20	●	1) Assess the severity of hypertension.
11,18,19,24	●	2) Plan strategies appropriate to the severity of the hypertension.
11,18,19,21,24	○ ●	3) Implement strategies designed to maintain the optimum steady state of adaptation for the maternal-fetal system hospitalized with severe preeclampsia.
11,18,19,24	●	4) Evaluate the success of your strategies relative to reduction in blood pressure and maintenance of the maternal-fetal placental unit.
11,18,19,21,24	═ ●▲	5) Provide the patient with dietary instructions adapting when necessary to meet varying cultural backgrounds.

Newborn

Whenever caring for newborns in the normal newborn nursery, the student will:

11, 19 1) Implement strategies to promote thermoregulation in the newborn.

11, 19 2) Monitor vital signs and record.
20

11, 19 3) Implement strategies to promote and maintain adaptation to the extrauterine environment.

3,11,19 4) Perform a gestational assessment and record.
20

11,18, 5) Assess the newborn for health deviations of the respiratory subsystem.
19

11,18, 6) When required, adapt and implement strategies to maintain the optimum
19 steady state of the IDM (infant of a diabetic mother).

11,18 7) Implement strategies required for the promotion, maintenance, and restoration of the optimum steady state of the newborn undergoing phototherapy.

11,19 8) Provide instruction to the mother on the techniques of newborn care
21 and feeding.

Clinical Objectives

When assigned a pediatric patient, identify health deviations and select the appropriate objectives to be met.

Health Deviations Associated with the Newborn: Congenital Heart Defects

3,11, 19		1) Assess the newborn during crying to observe transient periods of cyanosis.
2,11, 12,27, 19		2) When caring for a child with congenital heart disease, identify biological adaptations which have occured as a result of the defect.
2,3, 11,15, 19		3) Assess the child for signs and symptoms of congenital heart disease and record data.
2,11, 27,19, 21		4) Assist in the preparation of a child for cardiac catheterization or surgery when required.
11,27, 19		5) Perform strategies in the promotion, maintenance and restoration modes when caring for a child with congenital heart disease.

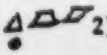
Nutritional Requirements of Infants and Children

2,3, 11, 27, 19		1) Assess the nutritional status of the assigned child.
2,11, 27,19, 21		2) Implement short-range teaching plans with the parents and/or child to promote, maintain or restore the child's nutritional status.

Admission and Orientation of the Child to the Hospital Environment

19,20	●	1) Admit a pediatric patient under the direction of the instructor or member of the pediatric staff.
3,15, 19,20	△ ● ■	2) Complete a nursing admission history on one pediatric patient.
2,25, 19	△ ●	3) Recognize examples of normal reactions to the stressors associated with hospitalization.
2,11, 19,20	△ ✱ ●	4) Implement strategies to promote, maintain or restore adaptation in the child's psychological and sociological subsystems.
2,11	△ ●	5) Obtain vital signs on pediatric patients at various developmental levels and interpret values accurately.

Preparing the Child for Procedures Associated with Hospitalization

2,11, 19,26, 21		1) Prepare the hospitalized child and his family for a procedure.
2,11		2) Administer medications to pediatric patients safely.
11		3) When required, apply restraints or position the pediatric patient safely.
2,11		4) Evaluate the safety measures utilized on the pediatric unit.

Health Deviations Caused by Communicable Diseases During Childhood

3,11		1) Whenever admitting a child to the hospital, determine if immunizations are complete.
11,15		2) Administer immunizations and skin tests to pediatric patients when required, read skin tests and record accurately.
2,11, 19,21		3) Implement pre and post-operative strategies for the pediatric patient scheduled for a tonsillectomy or myringotomy.
3,11, 15		4) Whenever admitting a child to the hospital, determine if he has recently been exposed to a communicable disease.

Prevention of Accidents during Childhood

2,11, 19,21		1) Implement a teaching plan on accident prevention that is appropriate for the child's developmental level.
11		2) Assist with gastric lavage when required.

Congenital Skeletal Deformities

3,11, 19	●	1) Assess for presence of congenital hip dysplasia.
11,19	●	2) Implement strategies related to the care of the child in a reduction device.
2,11, 19,26, 21	▲	3) Implement teaching plans for the parents of infants with congenital hip dysplasia or congenital clubfoot.

Curvature of the Spine

3,11	●	1) Assess for presence of curvatures
3,11	✶ ●	2) Assess for skin breakdown and discomfort associated with wearing a brace.
2,11, 19,21	△ ⌓ ●	3) Implement strategies pre and postop for the adolescent requiring a surgical procedure for treatment of scoliosis.

The Effects of Cystic Fibrosis on the Child's State of Adaptation

2,3, 11,25, 19	△ ●	1) Assess the developmental level of the child with cystic fibrosis.
11,19, 20,21	△ ▲	2) Design and implement teaching plans to prepare the child and family for diagnostic tests.
11, 19	●	3) Implement strategies for the care of the child with cystic fibrosis.
11, 19	●	4) Observe and participate in providing respiratory therapy as required.
11,15, 19,26	△ ■	5) Refer parents and child to appropriate resources for assistance with the long-term management of cystic fibrosis.

Health Deviations of the Respiratory Subsystem: Allergic Manifestations

2,11, 19	▱ ●	1) Implement strategies for the care of children with asthma or eczema.
11,19, 26,21	▲	2) Design and implement teaching plans to be used with parents on identifying allergens and allergy-proofing the home environment.
11,19	△ ●	3) Implement strategies to prevent anaphylactic reactions.

Health Deviations of the Respiratory Subsystem: Acute Infections

3,11, 19		1) Assess respiratory status and detect impending airway obstruction.
11,19		2) Implement appropriate strategies for the care of the child with an acute infection of the respiratory subsystem.
2,11, 19,20		3) Devise and implement methods of communication to be used with the child requiring a tracheostomy.
11,19		4) Implement strategies for a child requiring croup tent therapy.

The Effects of a Congenital Defect on the Parent-Child System: Cleft Lip/Cleft Palate

11,19		1) Implement strategies fo promote psychosocial adaptation of the parent-infant system when the infant is born with a congenital defect.
2,11, 19,26, 21		2) Implement teaching plans with parents covering the special care of their infant pre and post-operatively.
11, 19		3) Implement pre and postop strategies for the care of the infant with cleft-lip and/or palate.
11,15, 19,26		4) Refer parents to appropriate resources for long-term care and support.

Health Deviations Resulting from Congenital Cord Defects

3,11, 19,26		1) Demonstrate the preop care of an infant with a myelomenigocele including the following strategies: a) Proper positioning b) Apply sterile solutions and dressings as ordered c) Inspect myelomeningocele for changes in appearance d) Encourage parents to visit and touch infant when they are ready
3,11, 15,19, 26		2) Demonstrate care of an infant with hydrocephalus including the following strategies: a) Measure head circumference daily b) Identify and record signs of increased intracranial pressure c) Encourage parental involvement in care according to their readiness.
2,11, 19		3) Implement strategies for the care of a child with meningitis, utilizing concepts of growth and development.

Cerebral Palsy and Its Effects on the Child's State of Adaptation

2,3, 11,19.	△ ●	1) Assess each newborn to determine the presence of neurological reflexes.
2,11, 15,19, 26,21	△ ●▲■	2) Demonstrate care of hospitalized children who have cerebral palsy including the following strategies:

a) Adapt feeding techniques as necessary.

b) Determine parent's understanding of the care their child needs.

c) Implement teaching plans covering methods of handling, carrying, positioning and bathing their child.

d) Discuss appropriate play materials with the parents.

e) Provide anticipatory guidance to the parents as the child matures.

f) Refer the family to community resources as necessary.

Nursing Care of the Parent-Infant System when the Child has a Developmental Health Deviation

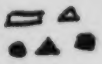
2,3, 11,15 19,26 21	△ ✶ ● ■▲	1) Demonstrate care of hospitalized children who have a developmental health deviation including the following strategies: a) Observe and record signs of mental retardation or emotional disturbance in the infant or child. b) Assess the developmental level of the child using the Denver Developmental Screening Test as a guide. c) Provide assistance and information so that the parents can understand their child's condition and set realistic goals for the child. d) When possible, teach the parents interventions which will help their child developmentally. e) Refer the family to community agencies as necessary.
2,19, 20	△ ●	2) Adapt strategies as necessary based on the child's developmental level.

Failure to Thrive: Causes Related to the Sociological and Psychological Subsystems

3,11, 19	●	1) Assess the parent-infant system for evidence of attachment.
2,3, 11, 19	△ ●	2) Assess the growth and development of the infant or child to determine failure to thrive.
3,11, 12, 19	✶ ●	3) Assist in diagnostic tests to determine if the cause of the failure to thrive is in the biological subsystem.
3,11, 19,26	●	4) Assess and identify families at risk for potential abuse.
2,3, 11, 25, 19	●	5) Assess and analyze the behavior of the hospitalized abused child.
2,3, 11, 25, 19	✶ ●	6) Assess hospitalized children for manifestations of abuse in the biological and psychological subsystem.
2,11, 25,19, 26,21	△ ▲	7) Teach parents realistic expectations of child's behavior and capabilities by demonstration and role modeling.
11,15, 19,26	■	8) Refer the family to appropriate resources for the treatment/prevention of child abuse.

Failure to Thrive: Causes Related to Biological Subsystems

A) Nutritional Deficiencies

2,3, 11,19		1) Assess the nutritional status of the hospitalized child.
3,11, 19,26, 21		2) Assist with diagnostic procedures to determine cause of malnutrition, supporting the parent-child system as necessary.
2,3, 11,15, 19,26, 21		3) If malnutrition is due to an inadequate intake of a dietary substance, perform appropriate strategies including: a) Provide dietary supplements as ordered. b) Identify the reason(s) a deficiency occurred. c) Implement teaching plans on nutrition requirements. d) Refer for follow-up as necessary.
2,11, 19,26, 21		4) If malnutrition is due to an inadequate utilization of dietary substances, perform appropriate strategies including: a) Implement teaching plans with child and parents on the necessary modifications of the diet. b) Describe to parents how to adapt the diet throughout the child's growth and development. c) Discuss with parents and child methods of promoting normal development.

Failure to Thrive: Causes Related to Biological Subsystems

B) Deviations Associated with the Gastrointestinal Subsustem

3,11, 19		1) Assess newborns to detect congenital alimentary tract obstructions.
3,11, 15,19		2) Implement strategies for assigned infants and children with an alimentary tract obstruction including: a) Assess and record signs which indicate that the child may have an alimentary tract obstruction. b) Position to prevent aspiration. c) Maintain patency of nasogastric tube to promote gastric decompression. d) Assess and record signs of upper gastrointestinal fluid loss.
3,11, 19		3) Implement strategies for the infant postoperatively including: a) Introduce nasogastric or gastrostomy feedings as ordered. b) Assess infant for gastric distention.
2,11, 19		4) Implement strategies for the care of infants and/or children experiencing diarrhea or appendicitis.

Health Deviations During Childhood Associated with the Urinary Subsystem

3,11, 19	●	1) Assess and identify clinical manifestations of the three renal diseases in assigned patients.
2,11, 19	△ ●	2) Implement strategies for patients diagnosed as having a renal disease including: a) Provide appropriate play activities and a developmental environment.
2,3, 11,19	△ ●	3) Assess the effect of changes in bodily appearance on the child's body image.
2,11, 19,26, 21	△ ▲	4) Design and implement a teaching plan for the patient's family to prevent disturbances of the child's body image.
11,19, 26,21	▲	5) Implement teaching plans necessary for precautions, treatments and home care.

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee

Nursing Department

ORIENTATION TO CLINICAL FACILITIES

Before beginning a new clinical rotation, the following objectives must be met.

The student will:

1) Locate the following:

a) Crash cart
b) Fire extinguishers and alarms
c) Emergency exit
d) Equipment and supply areas
e) Medication storage (room or cart)
f) Linen supply
g) Bath facilities
h) Dirty and clean utility areas
i) Employee lounge and break areas
j) Food storage areas (ice supply)
k) Policy and procedure manuals
l) Storage area for personal belongings

2) Review hospital policies and procedures to be followed when:

a) There is a code
b) There is an emergency
c) Patient is admitted
d) Patient is discharged

3) Demonstrate use of the following:

a) Patient call system (in room and at nurse's station)
b) Patient's bed
c) Phone system

4) Review the following:

a) Format for charting
b) Kardex format
c) Procedure for daily lab work
d) Listing of NPO, preops, special diets, etc.

5) Locate the following ancillary departments:

a) Pharmacy
b) X-ray
c) Lab
d) Blood Bank
e) Physical Therapy
f) Central Supply
g) Dietary
h) Respiratory Therapy

Clinical Behaviors for NS 139

Legend: N/A Not Applicable or Not Observed
1 Consistently Unsafe
2 Consistently Safe
3 Consistently Safe and Able to Adapt Delivery of Nursing Care

I. Role as a Provider of Direct Patient Care

A) Assessment

2,3,7, 11,19, 20,22, 23

1) Collect data according to established protocol utilizing available resources.

N/A	1	2	3

a) Utilize prenatal history and information available on past pregnancies along with all other available resources for data collection.
b) Assess maternal-fetal system throughout pregnancy, labor, and delivery.
c) Assess newborn utilizing the Apgar scoring system.
d) Assess parent-infant interaction.
e) Use available tools to assess the child's growth and development.

1,2,3, 7,11, 15,19

*2) Identify and document changes in the patient's state of adaptation.

a) Relate change in the maternal system during pregnancy to implications for the fetal system.

B) Analysis

2, 3,7, 10,11, 12,19

1) Establish a nursing diagnosis on the patient's state of adaptation.

N/A	1	2	3

a) Diagnoses based on assessment of maternal-fetal or parent-infant system.
b) Diagnosis based on child's developmental level as well as state of adaptation.

I. Role as a Provider of Direct Patient Care - continued

C) Planning

		N/A	1	2	3
11,13,15, 18,19	*1) Establish priorities of care based on the nursing diagnosis.				
11,13,15, 18,19	2) Set goals and develop objectives in conjunction with the patient or a significant other.				
	a) Set goals and develop objectives in conjunction with the mother throughout pregnancy changing and adapting them as necessary.				
	b) Identified strategies are appropriate for child's stage of development				
	c) Identified strategies are consistent with child's care at home whenever possible.				
2, 11,13,15, 18,19,24, 27,26	3) Develop individualized nursing care plans based upon the nursing diagnosis and identify strategies for implementation according to established protocols.				
	a) Adapt nursing care plan as necessary when health deviations occur during antepartal, intrapartal , or postpartal adaptation.				

D) Implementation

11,13,19, 18,26	1) Initiate and complete strategies.				
	a) Involve family in implementation whenever it is appropriate.				
11,19,22, 25,27	2) Use psychomotor, cognitive and affective skills to promote, maintain, or restore the patient's optimum steady state of adaptation.				
	a) Use psychomotor, cognitive, and affective skills to assist the mother during the process of a normal labor and delivery.				
	*b) Administer medications accurately.				

E) Evaluation

11,13,18, 19 ,27	1) Compare the patient's state of adaptation with previously defined objectives and goals.				
11,13,15, 18,19	2) Identify alternate strategies to promote, maintain, or restore the patient's optimum steady state of adaptation, modify the plan of care accordingly, and document changes.				

II. Role as a Communicator

		N/A	1	2	3
2, 19, 22,20	1) Assess verbal and non-verbal communication of patients or significant others.				
	a) Relate the progress of labor to the verbal and non-verbal communications seen at different stages.				
	b) Assess interaction of child and parents.				
	c) Relate communication to child's state of development.				
	d) Utilize play as a means of communication.				
2, 7,11,13, 15,18,19, 20 ,26	2) Use communication skills as a method of data collection, implementation of strategies, and evaluation of care.				
	a) Adapt communication skills as necessary for the child's stage of development.				
7,11,13, 15,18,19 20 .26	*3) Establish and maintain effective communications with individual patients and health team members and evaluate effectiveness of this communication.				
11,15,19	4) Use appropriate referral sources to promote, maintain, or restore the patient's optimum steady state of adaptation.				

III. Role as a Patient Teacher

11,15,21 19	1) Identify siguations in which individual patients need information to promote, maintain, or restore the optimum steady state of adaptation.				
	a) Identify learning needs of child and parents.				
2, 3,11,15, 21	2) Assess the patient's level of development, knowledge, and readiness.				
2, 3,11,15, 21	3) Develop or adapt short-range teaching plans for implementation with individual patients.				
	a) When teaching a child, the teaching plan is adapted for the child's stage of development.				
3,11,15 21	4) Implement teaching plans with individual patients.				
	a) Implement a teaching plan during antepartal, intrapartal, and postpartal adaptation.				

III. Role as a Patient Teacher - continued

			N/A	1	2	3
2, 3,11,15, 21	● ▲	5) Evaluate the patient's learning and modify teaching plans accordingly.				
		a) Methods of evaluation are appropriate for child's stage of development.				

IV. Role as a Planner and Coordinator of Patient Care

3,11,13, 15,18,19	● ▲	1) Assess and establish priorities of nursing care.				

V. Role as a Member within the Profession of Nursing

9,11	●	1) Demonstrate accountability for technical nursing practice within the profession's ethical and legal framework.				
8,9,11	●	2) Assess own performance using established criteria.				
9,19	● ■	4) Function dependently consulting a more experienced registered nurse when caring for individual patients who are not within the scope of practice.				
8,9	●	5) Assume responsibility for continued learning as a means of growth, development, and maintenance of competencies within the scope of practice.				

*Critical behavior.

Safe = A score of 2 on all critical behaviors and an average of 1 for all behaviors.

Unsafe = A score of 1 on any critical behavior or an average of less than 2 for all behaviors.

Comments:

Student's Signature

Instructor's Signature

Date

Date

7-03-84

ERIC CLEARINGHOUSE FOR JUNIOR COLLEGES
OCT 18 1985